

Exhibit B

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

TEXAS HEALTH AND HUMAN SERVICES COMMISSION,)	
)	
Plaintiff,)	
)	Civil Action No. 3:15-cv-3851 (DCG)
v.)	
)	
UNITED STATES OF AMERICA, <i>et al.</i> ,)	
)	
Defendants.)	
)	

**DECLARATION OF KENNETH TOTA, DEPUTY DIRECTOR,
OFFICE OF REFUGEE RESETTLEMENT,
ADMINISTRATION FOR CHILDREN AND FAMILIES,
UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES**

I, Kenneth Tota, for my declaration pursuant to 28 U.S.C. § 1746, hereby state and depose as follows:

1. I am the Deputy Director for the Office of Refugee Resettlement (“ORR”), an Office within the Administration for Children and Families (“ACF”), Department of Health and Human Services (“HHS”). I have served as Deputy Director for ORR since 2008. Previously, I served as Acting ORR Director in 2006 and more recently in 2015.

2. I submit this declaration in support of the Federal Defendants’ opposition to the motion by Plaintiff Texas Health and Human Services Commission (“Texas HHSC”) for a preliminary injunction in the above-captioned matter. The following statements are based on my personal knowledge, information acquired by me in the course of performing my official duties, information contained in the records of HHS, and information supplied to me by current HHS employees.

3. This declaration provides a general overview of ORR's participation in the U.S. Government's refugee resettlement program. The statutory provisions authorizing the program, and HHS regulations applicable to those facets of the program for which ORR is responsible, can be found respectively at 8 U.S.C. §§ 1521–24 and 45 C.F.R. Part 400. Among its other responsibilities, ORR makes grants to both states and nonprofit organizations in order to provide resettlement assistance to refugees and other humanitarian immigrants, including Cuban and Haitian entrants, asylees, survivors of human trafficking, and special immigrant visa holders from Iraq and Afghanistan. As detailed below, states receive grants directly from ORR to provide for medical screening and initial medical treatment of refugees, and to provide certain eligible refugees with cash assistance. They also receive grants of federal funds that are to be passed through to nonprofit agencies to assist refugees in achieving self-sufficiency and acquiring job-preparation skills, to provide English training if necessary, and to furnish other services.

ORR's Resettlement Assistance

4. ORR administers and disburses federal funds to states and nonprofit organizations for assistance in resettlement of refugees within the United States. ORR's resettlement assistance is used to provide employment training and assistance in job placement in order to achieve economic self-sufficiency among refugees as quickly as possible; to provide refugees with the opportunity to acquire sufficient English-language training to enable them to become effectively resettled and integrated; to ensure that cash assistance is made available to refugees in such a manner as not to discourage their economic self-sufficiency; and to ensure that women have the same opportunities as men to participate in training and instruction.

5. ORR has a number of different grant programs through which it provides resettlement assistance. For refugee resettlement, approximately 70% of ORR's funds are

provided directly to the states, with the other 30% going to nonprofit organizations, such as voluntary resettlement agencies. International Rescue Committee, Inc., co-defendant in the above-captioned matter, is one such voluntary resettlement agency.

6. States are required to submit a state plan, which must be approved by ORR annually, in order to receive the state grants.¹ The state plan must provide a guarantee that “assistance and services funded under the plan will be provided to refugees without regard to race, religion, nationality, sex, or political opinion.” 45 C.F.R. § 400.5(g).²

7. The State of Texas provided such a guarantee in its Fiscal Year (“FY”) 2015 State plan, as well as in its FY 2016 State plan proposal, which ORR approved on December 22, 2015. The State plan for FY 2016 is attached at Exhibit 1.

8. Under the resettlement program, states may receive grants of federal funds, distributed quarterly, for cash and medical assistance and related administrative costs.³ These grants generally permit refugees who are not eligible for the federal Temporary Assistance for Needy Families (“TANF”) program and/or for Medicaid, but who otherwise meet the financial criteria of such programs, to receive short-term cash and medical assistance similar to what they would receive under TANF or Medicaid.⁴ ORR is also authorized to fund states to cover the costs of providing medical screening to refugees in accordance with requirements prescribed by ORR. Funding under these grants may also include funding that supports the Unaccompanied

¹ See 45 C.F.R. §§ 400.4 and 400.5.

² Federal law also provides that “[a]ssistance and services funded under this section shall be provided to refugees without regard to race, religion, nationality, sex, or political opinion.” 8 U.S.C. § 1522(a)(5).

³ See 8 U.S.C. § 1522(e).

⁴ An employable refugee, except where good cause is shown, will receive cash assistance only if he or she registers with an employment services agency, participates in job or language training, and accepts appropriate offers of employment. See 8 U.S.C. § 1522(e)(2).

Refugee Minors (“URM”) Program, which provides shelter and care for unaccompanied refugee children. The State of Texas currently receives funding to support two URM programs. A state is reimbursed 100% of its costs for such cash and medical assistance, subject to the availability of appropriations. States must submit yearly estimates for reimbursable costs for the fiscal year, identified by type of expense, and a justification statement in support of the estimates no later than 45 days prior to the beginning of the fiscal year in order to receive the quarterly cash and medical assistance funds.⁵ States also are permitted, on a quarterly basis, to revise estimates of how much they require in quarterly funds. States must submit their revised estimates at least 30 days prior to the beginning of the quarter for which the adjustment would apply.⁶

9. States also receive refugee social service grants and may receive targeted assistance grants.⁷ Social service grants are used primarily for employability services designed to enable refugees to obtain jobs within one year of becoming enrolled in services in order to achieve economic self-sufficiency as soon as possible.⁸ States receive funds for their social service grants from ORR on a quarterly basis and must submit an annual plan to the Director of ORR. In addition, funding is available for states impacted by high numbers of Cuban and Haitian arrivals and services to elderly refugees. The State of Texas has received funding in both of these categories.

10. Targeted assistance grants are authorized for states to provide assistance to counties and similar areas where there are unusually large refugee populations.⁹ Such grants are

⁵ See 45 C.F.R. § 400.11.

⁶ See 45 C.F.R. § 400.11(b)(3).

⁷ See 8 U.S.C. §§ 1522(c)(1) and (c)(2).

⁸ See 45 C.F.R. §§ 400.146; 400.154.

⁹ See 8 U.S.C. § 1522(c)(2).

primarily for the purpose of facilitating refugee employment and achievement of self-sufficiency.¹⁰

11. In addition, states may apply to receive discretionary grants from ORR. For example, the State of Texas receives \$1,000,000 in federal funds under the Refugee School Impact Program,¹¹ which provides funding for activities that facilitate the effective integration and education of refugee children. Texas also receives discretionary grant funds for preventive health.¹²

12. ORR does not determine where or how many individual refugees will be placed within the United States or within a state.¹³ Indeed, ORR does not maintain, nor has it maintained, information—including demographic, medical, or security-related information—about individual refugees or families of refugees that will be resettled in a particular geographic location in advance of their arrival. Indeed, ORR does not maintain security-related information about refugees at all, as the security screening process for individuals seeking admission to the United States as refugees is the responsibility of the Departments of State and Homeland Security.

Coordination with Texas HHSC regarding Resettlement Assistance to Refugees

13. ORR is in frequent and ongoing contact with Texas HHSC regarding the amount of funds the State receives in order to provide effective resettlement assistance and services to

¹⁰ See *id.*; 45 C.F.R. § 400.313. Targeted assistance grants are made on the basis of a formula allocation funding to states. 45 C.F.R. § 400.311. Texas received over four-million dollars in targeted assistance grants in FY 2015.

¹¹ See <http://www.acf.hhs.gov/programs/orr/resource/schoold-impact-grants>.

¹² See <http://www.acf.hhs.gov/programs/orr/resource/preventive-health-grants>.

¹³ The Department of State is responsible for the initial placement determinations and manages the grants providing initial reception and placement of a refugee. See 8 U.S.C. §1522(b)(1). In 1981, President Carter determined that administration of Reception and Placement grants should be retained by the Department of State.

refugees, once placed in the State. This contact occurs in person, by phone, and by e-mail. It occurs both on an individual level and in large groups and conferences. While some correspondence, such as transmission of the State plan, is formal and required by statute or regulation, other contacts are informal and touch on a range of topics relevant to resettlement assistance for refugees. As explained below, communications between ORR and Texas HHSC typically concern funding and services to newly arrived refugees, meetings convened by Texas HHSC, trends in refugee placement, and the State plan. ORR and Texas HHSC also communicate regarding changes in staffing, the welfare of individual refugees, and civic events. A sample of such communications is attached hereto as Exhibit 2.

14. ORR regulations found at 45 C.F.R. § 400.5(h) provide that each state “will, unless exempted from this requirement by the Director, assure that meetings are convened, not less often than quarterly, whereby representatives of local resettlement agencies, local community service agencies, and other agencies that serve refugees meet with representatives of State and local governments to plan and coordinate the appropriate placement of refugees in advance of the refugees’ arrival.”

15. In accordance with 45 C.F.R. § 400.5(h), Texas HHSC assured ORR in its FY 2015 approved State plan that it would convene quarterly meetings with refugee stakeholders to plan and coordinate the appropriate placement of refugees in advance of their arrival. It has done so by holding quarterly meetings with refugee stakeholders in cities with the highest numbers of refugee resettlements. The stakeholders present at these meetings generally consist of local resettlement agencies, local community services agencies that serve refugees, and local governments. Texas HHSC typically invites ORR to attend as well.

16. Since September 2014, Texas HHSC has held six sets of meetings: September 2014 (Austin, Dallas/Fort Worth, and Houston), December 2014 (Dallas/Fort Worth, Houston,

and San Antonio), March 2015 (Austin and Dallas/Fort Worth), June 2015 (Austin, Dallas/Fort Worth, and Houston), October 2015 (Dallas/Fort Worth), and December 2015 (Dallas/Fort Worth).

17. At least one representative from ORR was in attendance at four of the six sets of meetings. Ramon Colon, an ORR Regional Representative, attended meetings in September 2014 (Dallas/Fort Worth), December 2014 (Dallas/Fort Worth), June 2015 (Dallas/Fort Worth and Houston), and December 2015 (Dallas/Fort Worth). Eskinder Negash, former Director of ORR, attended a meeting in September 2014 (Dallas/Fort Worth). Robert Carey, current Director of ORR, attended part of a meeting in June 2015 (Houston). HHSC asked that ORR staff not attend the October 2015 meeting because that meeting concerned only the terms of the contracts between the State and voluntary agencies.

18. At these meetings, the distribution of refugees and other entrants was typically a topic of discussion, generally for the purpose of planning resettlement assistance. For example, at the September 2014 Dallas/Fort Worth meeting HHSC briefed the participants on refugee arrivals in Texas. At the June 2015 Dallas/Fort Worth meeting the Texas State Refugee Coordinator opened the meeting with refugee arrival statistics, with particular emphasis on the rise in Cuban parolees entering the State, as well as a rise in Special Immigration Visa recipients from Afghanistan, Iraq, and Syria. The participants at this meeting also discussed how the State, voluntary agencies, and local officials would successfully resettle Congolese and Syrian refugees, some of whom had already begun arriving in low numbers to North Texas. At the June 2015 Houston meeting some discussions focused on the arrival of Iraqi and Cuban parolees in Houston. At the December 2015 Dallas/Fort Worth meeting the participants discussed how the State would plan for the arrival of Syrian refugees.

19. ORR also engages in frequent calls with the State Coordinators of Refugee Resettlement (“SCORR”), a national consortium of state refugee program leadership. Texas is a member of SCORR and routinely participates in these calls.

20. The calls with SCORR often concern in part refugee populations and arrival patterns and are often hosted jointly with the Department of State’s Bureau of Population, Refugees, and Migration (“PRM”) due to PRM’s initial responsibility for arrival determinations and placement capacity. For example, ORR and PRM hosted a joint conference call on July 23, 2015, which included a discussion of FY 2015 refugee arrivals and refugee arrival estimates for the first quarter of FY 2016. On September 28, 2015, the joint call included a discussion of refugee arrivals and the revision of the refugee ceiling to include 10,000 Syrian refugees. And on the November 6, 2015, joint call, PRM discussed the process for increasing capacity to meet the revised ceiling and how PRM would work with the voluntary agencies to ensure that ORR is informed regarding any changes to the proposed numbers of refugees initially approved by the Refugee State Coordinator and PRM for each state.

21. The ORR Director and Deputy Director have also participated in numerous refugee stakeholder meetings and state conferences generally discussing refugee funding and services.

22. In addition, Ramon Colon of the ORR Regional Office that covers Texas and surrounding states keeps regular contact with HHSC on a wide range of matters, including staffing changes, items in the press, and potential new refugee arrivals as they relate to the State’s cost estimates.

23. Finally, to further assist the states, in FY 2014, ORR developed a Statistical Abstract for Refugee Resettlement Stakeholders.¹⁴ This abstract was intended to provide a comprehensive summary of outcomes and data associated with each state to assist PRM in its annual refugee allocations and placement considerations and to benefit resettlement agencies in their capacity and resource assessment.

I declare under penalty of perjury that the foregoing is true and correct. Executed on January 5, 2016.



Kenneth Tota

¹⁴ See

https://www.acf.hhs.gov/sites/default/files/orr/statistical_abstract_for_refugee_resettlement_stakeholders_508.pdf.

Exhibit 1

**State of Texas
State Plan for the Refugee Program
Effective Date: October 1, 2015**

Section I Administration

A. §400.5(a) and (d): Designations of Authority

1. §400.5(a): Single State Agency

The Texas Health and Human Services Commission (HHSC) is the single state agency responsible for the development and administration of the State Plan for refugee resettlement services and benefits in Texas funded through the Office of Refugee Resettlement (ORR), Administration for Children and Families, United States Department of Health and Human Services (DHHS). HHSC refugee programs are managed by the HHSC Office of Immigration and Refugee Affairs (OIRA).

2. §400.5(d): State Refugee Coordinator

HHSC has requested the appointment of Ms. Michelle Harper, Associate Commissioner of Community Access and Services as the State Refugee Coordinator. The former designated State Coordinator, Caitriona Lyons, retired effective June 30, 2015. HHSC will update ORR on the outcome of this appointment once it has been approved.

3. Texas elected to administer the Refugee Cash Assistance (RCA) program as a public/private partnership as allowed under the final regulations published in the Federal Register (64FR 15409) by ORR. In compliance with Section 400.58 of the regulations published on March 22, 2000, ORR approved HHSC's plan describing how the state and local resettlement agencies administer and deliver RCA to eligible populations under the refugee program. The RCA program is administered through contracts with fourteen resettlement agencies in eight primary resettlement areas of the state including Abilene, Amarillo, Austin, Dallas, El Paso, Fort Worth, Houston, and San Antonio.

B. §400.5(a): Organization Description and Functions

HHSC is the State Agency responsible for administering programs providing financial assistance, medical benefits, food and nutrition services, disaster assistance, and other social services to low income residents of the state. Within HHSC, Community Access and Services (CAS) is responsible for the administration of the Refugee Program. Ms. Michelle Harper, Associate Commissioner for CAS reports directly to Ms. Stephanie Muth, Deputy Executive Commissioner for the Office of Social Services (OSS). The Refugee Program Manager for the Office of Community Services (OCS) within CAS, reports directly to Ms. Marilyn Eaton, Director of Community Services.

There are ten core OIRA staff members dedicated 100% to the program. Staff is completing programming, design and maintenance for the updated statewide data

collection system. OIRA staff members administer the statewide programs and are responsible for program development, coordination, monitoring, reporting, training, technical assistance, and administration.

Eligibility for the Refugee Medical Assistance (RMA) program is overseen by the Centralized Benefits Services (CBS) unit, under the direction of Wayne Salter, Associate Commissioner, Eligibility Services within the OSS. CBS facilitates telephone interviews for the application and review process of RMA and associated Supplemental Nutrition Assistance Program (SNAP) and Temporary Aid for Needy Families (TANF) cases. RMA remains the primary medical coverage for newly arriving adult single individuals and married couples without children.

HHSC contracts with the Department of State Health Services (DSHS) to provide Refugee Health Screening services and contracts with the Department of Family and Protective Services (DFPS) to administer the Unaccompanied Refugee Minor (URM) program.

Texas does not have a General Assistance program; RCA and TANF are the only cash assistance programs. The RCA program in Texas follows a public/private partnership model. Refugee resettlement agencies are responsible for determining client eligibility and dispensing cash benefits.

C. Assurances

1. OIRA assures ORR that it will comply with all provisions of Title IV, Chapter 2 of the Act, and official issuances of the Director (§400.5(i)(1))
2. OIRA assures ORR that it will meet the requirements specified in Title 45 of the Code of Federal Regulations (CFR), Part §400.5(i)(2).
3. OIRA will comply with all other applicable federal statutes and regulations in effect during the time that it is receiving grant funding as specified in §400.5(i)(3).
4. OIRA will amend the Plan to comply with ORR standards, goals and priorities established by the Director as needed as specified in §400.5(i)(4).
5. OIRA assures ORR that assistance and services funded under the plan will be provided to refugees without regard to race, religion, nationality, sex or political opinion as required by §400.5(g).
6. In accordance with §400.5(h), OIRA, unless exempted, assures that meetings are convened, not less often than quarterly, whereby representatives of local resettlement agencies, local community services agencies, and other agencies that serve refugees meet with representatives of state and local governments to plan and coordinate the appropriate placement of refugees in advance of the refugees' arrival.

7. OIRA does not have a publicly administered RCA program, and therefore, it will not use the same mediation/conciliation procedures as those for TANF.
8. OIRA will use the hearing standards and procedures as set forth in §400.83(b) for the RCA program.
9. OIRA provides assurance that refugee programs and populations are included in the State pandemic influenza emergency plan and other emergency operational plans.

Section II Assistance and Services

- A. In accordance with §400.5(b), OIRA will coordinate cash and medical assistance with support services under the RCA program as follows.

OIRA is responsible for statewide contracts with existing local resettlement agencies for the administration of RCA funds. OIRA, in conjunction with local resettlement agencies and other refugee stakeholders, is responsible for the implementation and maintenance of the RCA program.

Resettlement agencies providing employment services are required to provide referral services and follow up to other appropriate refugee social services. RCA participants continue to be priority one clients in all refugee social services.

OIRA and local resettlement agencies must maintain ongoing coordination with other refugee organizations to ensure that the services provided under the RCA program are 1) appropriate to the linguistic and cultural needs of the incoming populations; and 2) coordinated with state refugee social services and longer-term resettlement services frequently provided by other refugee organizations.

HHSC procures RCA services through open enrollment contracts. Under the open enrollment process, any resettlement agency in the State of Texas is eligible to provide RCA services provided they meet minimum standards for state contracting. Each individual resettlement agency is responsible for determining program eligibility and providing cash assistance according to the RCA program.

Under the approved RCA program, all applicants for RCA must be categorically ineligible for TANF. In Texas, single individuals without children are not eligible for TANF. Families with children must submit an application for TANF to CBS to determine eligibility based on income and family composition. TANF is generally applied for simultaneously with SNAP, Medicaid, and CHIP.

- B. As required by §400.5(c), OIRA assures ORR of the availability of language training and employment services for refugees receiving cash assistance and other refugee populations, including efforts to encourage the use of employment services.

Refugees receiving RCA are a primary priority for refugee funded employability services. In order to ensure that employment services and language training are linked to RCA recipients, OIRA dedicates a percentage of the total available Refugee Social Service funding for the provision of employment services to RCA clients through enrollment contracts. These services are administered by the same resettlement agencies that also administer the RCA program. This ensures that contractors administering the RCA program will also receive dedicated employment funds for RCA recipients. This ensures that RCA participants residing in areas of the state where there are resettlement agencies have access to employment services to be in compliance with Code of Federal Regulations Part 400.75 which mandates registration for employment services and acceptance of appropriate employment.

Remaining social service funds are awarded competitively to refugee resettlement agencies and other faith-and community-based organizations in areas of the state that resettle 100 or more refugees annually. These competitively procured services are provided in Taylor, Potter, Travis, Dallas, Tarrant, Harris, and Bexar counties and adjacent areas.

Contractors are also required to refer and help all eligible refugees to access other employability services in their community including Education, Social Adjustment and Integration Services. All contractors are required to conduct outreach activities in the community, which includes notifying all local refugee resettlement offices of the availability of language and employment services.

OIRA also requires contractors to network with other agencies in the community, including language instruction and literacy groups, to make their services known and to develop additional resources for refugee services.

C. Refugee Cash Assistance (RCA) 45 CFR Part 400.45

1. RCA program elements

- a) RCA contractors verify applicant's income at the time of application for months 1 through 4 and at the time of recertification for months 5 through 8. The income eligibility standard for enrollment in RCA benefits during months 1 through 4 is 125% of the Federal Poverty Income Limit (FPIL). The income eligibility standard for enrollment during months 5 through 8 is 165% of the FPIL. All refugees found eligible at the date of application and who are in compliance with participation requirements will receive cash/vendor assistance through month 4 regardless of income. For months 5 through 8, benefits will continue if the refugee is under 165% of the FPIL regardless of income.
- b) TANF and RCA payment levels

1. TANF payment standards for case sizes 1-5

Temporary Assistance for Needy Families (TANF) Budgetary Allowances (Oct. 1, 2014)									
	Non-Caretaker Cases			Caretaker Cases Without Second Parent			Caretaker Cases With Second Parent		
Family Size	Bud Needs (100%)	Rec Needs (25%)	Max Grant	Bud Needs (100%)	Rec Needs (25%)	Max Grant	Bud Needs (100%)	Rec Needs (25%)	Max Grant
1	256	64	96	313	78*	117	---	---	---
2	369	92	138	650	163	243	498	125**	186
3	518	130	194	751	188	281	824	206	308
4	617	154	231	903	226	338	925	231	346
5	793	198	297	1003	251	375	1073	268	401

* Caretaker of child receiving Supplemental Security Income (SSI)

** Caretaker and second parent of child receiving SSI

"Bud Needs" is budgetary needs.

"Rec Needs" is recognizable needs.

2. RCA payment standards for case sizes 1-5

The following provides a detailed description of RCA payment standards including a description of employment incentives and/or income disregards to be used, if any, as well as methods of payments to be used, such as direct cash or vendor payments.

1 person family unit	
\$2,680	Maximum allowable
-150	Incentive funds: \$150 cash for early employment. See qualifications below.
\$2,530	Remaining balance
-1,780	Available benefits for months 1-4.* 1. \$800 must be equally distributed in cash benefits during months 1-4 2. Remaining balance of \$980 will be dispersed in the form of vendor payments for rent and utility payments. 3. A total of \$1,930 (1,780 + 150) is the maximum allowable benefit for months 1-4, and can not be carried forward to months 5-8.
\$750	Remaining balance
-750	Available benefits for months 5-8.** Per ORR rule, funds must be available through month 8; therefore, remaining funds will be equally distributed in the form of cash payments.
\$0	

2 person family unit	
\$3,600	Maximum allowable
-202	Incentive funds: \$150 cash for early employment to first participant meeting requirements. \$52 for the second participant meeting requirements. See qualifications below.
\$ 3,398	Remaining balance
-2,390	Available benefits for months 1-4.* 1. \$1,200 must be equally distributed in cash benefits during months 1-4.. 2. Remaining balance of \$1,190 will be dispersed in the form of vendor payments for rent and utilities. 3. A total of \$2,592 (2,390 +202) is the maximum allowable benefit for months 1-4, and cannot be carried forward to months 5-8.
\$1,008	Remaining balance
-1,008	Available benefits for months 5-8.** Per ORR rule, funds must be available through month 8; therefore, remaining funds will be equally distributed in the form of cash payments.
\$0	

3 person family unit	
\$4,560	Maximum allowable
-259	Incentive funds: \$150 cash for early employment to first participant meeting requirements. \$54.50 for each additional participant meeting requirements. See qualifications below.
\$4,301	Remaining balance
-3,024	Available benefits for months 1-4.* 1. \$1,800 must be equally distributed in cash benefits during months 1-4. 2. Remaining balance \$1,824 will be dispersed in the form of vendor payments for rent and utilities. 3. A total of \$3,283 (3,024+ 259) is the maximum allowable benefit for months 1-4, and cannot be carried forward to months 5-8.
\$1,277	Remaining balance
-1,277	Available benefits for months 5-8.** Per ORR rule, funds must be available through month 8; therefore, remaining funds will be equally distributed in the form of cash payments.
\$0	

4 person family unit	
\$5,480	Maximum allowable
-310	Incentive funds: \$150 cash for early employment to first participant meeting requirements. \$53.33 for each additional participant meeting requirements. See qualifications below.
\$5,170	Remaining balance
-3,636	Available benefits for months 1-4. * 1. \$2,400 must be equally distributed in cash benefits during months 1-4. 2. Remaining balance \$1,236 will be dispersed in the form of vendor payments for rent and

	utilities. 3. A total of \$3,946 (3,636+ 310) is the maximum allowable benefit for months 1-4, and cannot be carried forward to months 5-8.
\$1,534	Remaining balance
-1,534	Available benefits for months 5-8.** Per ORR rule, funds must be available through month 8; therefore, remaining funds will be equally distributed in the form of cash payments.
\$0	

5 person family unit	
\$6,040	Maximum allowable
-341	Incentive funds: \$150 cash for early employment to first participant meeting requirements. \$47.75 for each additional participant meeting requirements. See qualifications below.
\$5,699	Remaining balance
-4,008	Available benefits for months 1-4. * 1. \$3,000 must be equally distributed in cash benefits during months 1-4. 2. Remaining balance \$1,008 will be dispersed in the form of vendor payments for rent and utilities 3. A total of \$4,349 (4,008+341) is the maximum allowable benefit for months 1-4, and cannot be carried forward to months 5-8.
\$1,691	Remaining balance
-1,691	Available benefits for months 5-8.** Per ORR rule, funds must be available through month 8; therefore, remaining funds will be equally distributed in the form of cash payments.
\$0	

For family units greater than 5 persons, the payment ceiling will be increased by \$560 per additional person. Each increase of \$560 shall be divided following the chart below.

\$560	Maximum allowable
-33	Incentive funds: \$33 cash for early employment . See qualifications below.
\$529	Remaining balance
-343	Available benefits for months 1-4.* \$343 must be equally distributed in cash benefits during months 1-4. A total of \$343 is the maximum allowable benefit for months 1-4, and cannot be carried forward to months 5-8.
\$184	Remaining balance
-184	Available benefits for months 5-8.** Per ORR rule, funds must be available through month 8; therefore, remaining funds will be equally distributed in the form of cash payments.
\$0	

- c) The Texas RCA program does not consider proration of shelter, utilities and similar needs under §400.66(a)(3).
- d) All financial eligibility and payment rules are outlined in this section.
- e) In accordance with §400.66(b), OIRA assures ORR that the Texas RCA program will not consider resources remaining in the applicant's country of origin.
- f) In accordance with §400.66(c), OIRA assures ORR that the Texas RCA program will not consider a sponsor's income and resources as accessible to the refugee solely because the person is serving as a sponsor.
- g) In accordance with §400.66(d), OIRA assures ORR that the Texas RCA program will not consider any cash grant received by the applicant under the Department of State or Department of Justice Reception and Placement programs.
- h) OIRA uses the date of application as the date RCA begins
 - i) The State does not administer RCA and therefore notification to the local resettlement agency is not required.
 - j) The State does not administer RCA and therefore notification to the applicant's sponsor regarding offers of employment is not required.
- k) The Texas RCA program is within prescribed assistance and budget levels as defined in §400.60
- l) A RCA recipient who is employed within the first three months and has been employed at least 35 hours per week for at least 30 days is eligible to receive an early employment incentive payment. Note: To ensure encouragement of early employment, refugees who do attain early employment, also receive payments through month four. Incentive payment levels are defined in the tables above.
- m) The Texas RCA program includes the following exemptions from participating in employability services. Since economic self-sufficiency is the ultimate goal of the refugee program, circumstances that allow for an employability exemption are limited, and provided for by agency rule, which includes:
 - Age 15 or younger
 - Age 16, 17 or 18 and attending elementary, secondary, vocational, or technical school full time

- Age 60 or older
- Permanently disabled. Permanently disabled means a mental or physical impairment that is expected last more than 90 days.
- Needed at home to care for an ill or disabled child/adult in the household. The caretaker must provide a current doctor's statement to claim this exemption unless the child/adult receives a permanent government disability benefit.
- Unable to work as a result of pregnancy
- A single parent or single caretaker relative for a child under age one at initial application. (Note: neither parent in a two-parent household may receive a caretaker exemption.)

The Texas RCA program includes a two-month exception from participating in employability services if the RCA participant has good cause. Service providers must maintain documentation of good cause, and must reassess the good cause every two months at a minimum. Since economic self-sufficiency is the ultimate goal of the program, circumstances that allow for a good cause exception will be very limited, and will be provided for by agency rule. Examples include:

- Needed at home to care for an ill or temporarily disabled child/adult in the household. The caretaker must provide a current doctor's statement to claim this exemption unless the child/adult receives a temporary government disability benefit.
- Temporarily disabled. Incapacity expected to last 90 days or less. This includes mothers of newborn children for up to 90 days after the child's birth.
- A victim of family violence for whom participation would endanger the client and/or her children.

RCA program participants are required to register for employment services, participate in employability service programs and targeted assistance programs, job interviews, and to accept appropriate offers of employment. Under this plan, participation requirements set forth under CFR 45 Part 400 Subpart F (Requirements for Employability Services and Employment) Section 400.75 are utilized as a basis for participation.

- n) As required by §400.55 OIRA assures ORR that the Texas RCA program meets requirements regarding Limited English Proficiency (LEP) guidance and language materials. Translations of written policies, notices, and determinations in refugee languages are provided to all participants through the contracted resettlement agencies administering the distribution of cash benefits.

2. RCA Program Administration

- a) The Texas RCA program follows a public/private partnership model. Resettlement agencies are eligible to provide RCA services provided they meet minimum standards for state contracting. Each individual resettlement agency is responsible for determining client eligibility.
- b) Each individual resettlement agency is responsible for providing cash assistance according to the RCA State Plan.
- c) RCA is privately administered so state staff are not allocated between TANF and RCA.
- d) There are 52.34 full-time equivalents at contracted resettlement agencies allocated to RCA administration.
- e) The share of State and federal funding for administrative and program support functions is determined according to an annual federally approved cost allocation methodology called a Public Assistance Cost Allocation Plan (PACAP). HHSC does not charge administrative federal funds through a flat indirect rate but through a plan in which factors are updated either monthly or quarterly (according to the PACAP). Each program area in which more than one federal fund can be charged has a specific cost allocation factor or combination of factors that determines the State share and federal share.

D. Refugee Medical Assistance (RMA) 45 CFR Part §400.90

- 1. All refugees are given the opportunity to apply for medical assistance including Medicaid, CHIP, or RMA. Eligibility is determined by a centralized eligibility office responsible for all initial refugee applications in the state.
 - a) Eligibility caseworkers use the Texas Integrated Eligibility System (TIERS) which cascades through all possible Medicaid programs to check eligibility prior to enrolling refugee clients into RMA. Recertification for ongoing medical benefits is processed through local state eligibility offices. This can be done in person or online.
 - b) Newly arriving refugees who may be eligible for Medicaid or RMA, SNAP, TANF or CHIP are assisted in preparing the HHSC Application for Assistance and submitting the application to HHSC's Centralized Benefit Services (CBS). Resettlement agency staff is designated as authorized representatives for clients and assist with the phone interview and necessary follow up. CBS utilizes eight state office staff to determine eligibility for RMA benefits and associated SNAP and TANF cases.

RMA will remain the primary medical coverage for many newly arriving adult

refugees given that Texas did not opt to expand Medicaid under the Affordable Care Act.

2. RMA eligibility is based on applicant's income and resources on the date of application. Income and resource increases do not affect eligibility, unless the individual subsequently applies and qualifies for another type of Medicaid.
 - a) The Texas RMA standard is set at 200% of the Federal Poverty Income Limit. Texas uses modified adjusted gross income (MAGI) methodologies to determine RMA eligibility. Resources are applicable when determining eligibility for RMA.
 - b) In accordance with 400.102, caseworkers do not consider any Match Grant or Reception & Placement (R&P) cash assistance payments, or in-kind services and shelter provided to an applicant by a sponsor or local resettlement agency in determining eligibility for RMA.

In determining RMA eligibility, the refugee must be determined ineligible for Medicaid and the Children's Health Insurance Program (CHIP).

If determined ineligible for Medicaid or CHIP, eligibility will be determined for RMA. In the event that an individual is ineligible for RMA due to income, they will be referred to the Marketplace.

3. OIRA provides assurance of compliance with continued coverage of recipients per requirements under §400.104 and §400.105
4. RMA services are currently fee- for- service and cover the same services as Medicaid.
5. Additional services (§400.106)
 - a) In addition to the components of the ORR Medical Screening Guidelines, the Texas Department of State Health Services (DSHS) Refugee Health Program (RHP) provides ova and parasite (O&P) screening for protozoa (at select clinics), provides treatment for identified parasites, and treats limited minor conditions not needing referrals (such as cuts, lice, etc.). These activities ensure that clients can be treated for minor conditions immediately instead of referring clients to a primary care physician, which may take several weeks, and/or utilizing urgent care facilities. Screening and treating for intestinal parasites by providers familiar with the practice is essential for providing appropriate care for this patient population.
6. Program-eligible clients served by a refugee resettlement agency are referred to a local health department (LHD), Refugee Health Program clinic for a health assessment. The Refugee Health Program (RHP) works with

resettlement agencies to coordinate care plans for medically complex cases. Newly arrived clients with complex health conditions will be linked with appropriate health-related resources (including screening, primary care, and specialist visits) in an expedited manner. When necessary, RHP clinic staff and the DSHS RHP will work with resettlement agency case management staff to monitor cases needing additional attention. Clients not sponsored by an agency (including secondary migrants) may self-refer to be seen at a RHP clinic if they are within the eligibility period for services.

- a) The Centers for Disease Control and Prevention (CDC) sends arrival notifications via the Electronic Disease Notification System (EDN). The system also indicates if Class A/B conditions are identified during the refugee's overseas medical examination. Additionally, the system provides information on the following: medical history, vaccination records, Syphilis/HIV/ TB testing, and presumptive treatment. In Texas, the EDN system is divided into jurisdictions so that each LHD RHP clinic has direct access to overseas records which are used during the health assessment process to establish previous care, and pre-existing conditions.
- b) DSHS RHP contracts with seven local health departments to provide each eligible client with a culturally and linguistically appropriate comprehensive health assessment, including appropriate follow-up and referrals. Oversight, monitoring, and coordination of the local programs are provided by the DSHS RHP. LHD RHP clinics provide the following services: physical exams, screenings, vaccinations, laboratory services, limited treatment, interpreter services, health education, referrals, case management through initial referral appointment, outreach, and transportation services. All coordination is funded by RMA.
- c) The following is a description of medical screening providers categorized by type (e.g., Federally Qualified Health Centers, private clinics, local public health departments) and basic description of providers conducting the screening.

The seven contracted RHP clinics (located in local health departments), along with associated provider credentials, are as follows:

- Harris County Public Health and Environmental Services - Physicians
- Dallas County Department of Health and Human Services – Nurse Practitioner
- Tarrant County Public Health Department - Physician

- City of Amarillo Department of Public Health (Potter County) – Nurse Practitioner
- City of Austin Health and Human Services Department (Travis County) - Physician
- University Health System (Bexar County) - Physician
- City of Abilene/Taylor County Public Health District - Physician

The DSHS RHP also contracts with the City of Midland Health Department to provide vaccination services.

- d) Local health department-based refugee health programs bill Medicaid when a billing infrastructure exists. Traditional public health entities do not bill insurance for payment and many lack the infrastructure to do so. Two LHDs have recently began to attempt to bill the majority of screening components to Medicaid, including office visits, vaccines and vaccine administration, and laboratory tests. One LHD is billing for laboratory tests and is beginning to explore other billing possibilities. . The other three LHDs do not currently bill any services to Medicaid, but are exploring required steps to be able to do so in the future.

At the state level, the Texas DSHS RHP accesses Medicaid where possible and practical. The DSHS state laboratory services section runs RHP submissions against a Medicaid list. The state program continues to work with the state laboratory and local RHPs to ensure Medicaid eligibility documentation on laboratory specimen submission slips.

It should be noted that Medicaid in the state of Texas serves primarily low income families, children, related caretakers of dependent children, pregnant women, elderly, and people with disabilities. In general, state Medicaid policy does not include any coverage for childless individuals ages 18 to 44. Therefore, this segment of the refugee population in Texas does not meet the eligibility criteria for Medicaid. Medicaid expansion under the Affordable Care Act has not taken place in Texas. RMA provides the needed assistance during the first eight months of arrival and ensures necessary screening for public health concerns and the well-being of clients as they transition into residents of the United States.

7. Refugee Medical Assistance Costs

- a) RMA direct costs are fee for service and include non-medical costs such as interpretation and transportation on an as needed basis to the same extent as Medicaid.

- b) RMA eligibility determination is administered through the HHSC Eligibility Operations Division within the Office of Social Services. Policy staff and Eligibility Operations staff administering RMA meet as needed with OIRA to discuss and address any pending issues.

E. Refugee Medical Screening Program (RMS) 45 CFR Part §400.107

- 1. The Texas Department of State Health Services (DSHS) is requesting re-approval to continue to operate a medical screening program per §400.107 with Refugee Medical Assistance (RMA) funds. Refugee medical screening is performed in accordance with the requirements prescribed by the director of the ORR. OIRA has an Interagency Contract Agreement with DSHS RHP to provide health assessments for refugees and other program-eligible populations in Texas.
- 2. HHSC OIRA and DSHS RHP assures that Refugee Medical Screening is in accordance with the requirements prescribed by the Director under §400.107(a) (1).
 - a) Please refer to item 6d under section D. Refugee Medical Assistance (RMA) 45 CFR Part §400.90 Although most local RHPs do not fully access Medicaid, a number of services are provided by existing state programs after the initial assessments. The DSHS Tuberculosis Program is currently absorbing all costs of tuberculosis screenings within the RHP.
 - b) In addition to the guidelines, the RHP provides O&P screening for protozoa (at certain clinics), provides treatment for parasites, and treats limited minor conditions not needing referrals (such as cuts, lice, etc.). These activities ensure that clients can be treated for minor conditions immediately instead of referring clients to a primary care physician, which may take several weeks, and/or utilizing urgent care facilities. Screening and treating for intestinal parasites by providers familiar with the practice is essential for providing appropriate care for this patient population.
 - c) Medical screening costs are based on negotiated budgets with contracted LHD RHP clinics. In turn, each LHD has negotiated contract prices for laboratory services, vaccines, etc. However, the state of Texas is serving an increasing number of unanticipated clients who have received no overseas medical care (including presumptive treatment for intestinal parasites) or have documentation of vaccine histories. Though costs remain reasonable, these factors have increased overall costs from fiscal year 2015.
 - d) Program-eligible clients served by a refugee resettlement agency (VolAg) are referred to a RHP clinic for a health assessment by their agency. Health assessments are performed within 90 days of arrival or eligibility date, with a goal of providing the health assessment within 30 days of arrival or eligibility date. Desk audits are performed on a tri-annual basis to ensure that LHD refugee

program clinics are not initiating care beyond the 90 day mark. 100% of clients screened in the first tri-annual period of fiscal year 2015 were seen within 90 days.

3. Medical Screening Costs

- a) The medical screening payment model is based on negotiated contract budgets. Services included in direct costs that are non-medical include interpretation, transportation, travel, move costs, and postage and printing.

Medical Screening Direct Costs

The majority of funds will support contractual services at the seven local health departments (LHDs), as well as state laboratory services and medications. A breakdown of costs is as follows: \$4,198,042 for personnel, \$1,838,076 for fringe, \$38,665 for in-state and local travel, \$1,003,431 for equipment (move costs and furnishings), \$4,008,196 for supplies (medical supplies, office supplies, and vaccines), \$2,715,659 for contractual services (lab services, physician time, interpreting costs), \$963,104 for other costs (postage, printing, transportation), and \$725,140 in indirect costs. Much of the increase in the proposed budget is due to increased needs for clinic space and staffing levels required to provide quality patient care.

A breakdown of estimated RMA direct costs of health assessments in federal fiscal year 2015-2016 also includes \$250,000 for state laboratory costs for refugee health assessment activities and \$6,125,000 for medications. Laboratory costs are for Ova and Parasite (O&P) and schistosomiasis testing. Medication costs are for limited treatments provided to program-eligible clients (mainly vitamins and anti-parasitics). In fiscal year 2016, the two largest local RHPs will begin presumptively treating for parasites. These clinics, located within the Dallas County Department of Health and Human Services and Harris County Public Health and Environmental Services account for 60% of the client population in the state. Despite an increase in overseas presumptive treatment, domestic medication costs remain high due to the fact that the anti-helminth albendazole has increased from \$2.00 per tablet (in 2008) to the current price of \$102.00 per tablet.

Funding is also used for services in two secondary migration sites where there is no local refugee health clinic. These sites are the City of Midland Health Department (a contracted local health department) and DSHS Health Services Region 1 serving Cactus and Dumas, Texas. In order to apply for Legal Permanent Residency, refugees are required to obtain a current set of vaccinations. Vaccines are provided by local public health departments to refugees for Adjustment of Status purposes (within one year of arrival). The combined funding for this purpose is \$39,646 for adult vaccines.

Total Direct Costs: \$21,875,313

b) Medical Screening Administrative Costs

Refugee Medical Assistance (RMA) funds support personnel costs in the amount of \$218,224 to cover salaries (including merits) and \$73,934 in fringe for the refugee health coordinator, data clerk, business analyst, community liaison, and also a pharmacy branch employee (as required by the TB/HIV/STD Unit). RMA funds are also used for in-state program monitoring, technical assistance visits, travel to quarterly meetings, and attendance at conferences. The amount of funding for these purposes is \$26,504. \$500 is used for general office supplies. Under the category "Other", \$240 is used for postage \$30,000 is used for printing of educational materials and demographic reports, \$5,000 is used for document translations, \$35,428 is used (as per agency requirements) for the Office of the General Council and the Contract Management Unit. \$22,643 will be used for a temporary data entry operator to meet increasing data entry needs, \$1,289 is used for the State Office of Risk Management and \$1,832 is used for a copier lease. Indirect charges \$1,028,585.

Total Administrative Costs: \$1,444,179

The responsibilities of the Texas Refugee Health Coordinator include:

- Coordinating with contracted clinics (including guidance, oversight, and monitoring)
- Creating and maintaining the state screening protocol
- Facilitating contract and budget development, and grant monitoring
- Performing epidemiologic functions and data management
- Reporting to OIRA and ORR
- Creating epidemiological reports, policies and procedures, and program manuals
- Serving as subject matter expert and lead for CDC projects
- Serving as program contact for ORR, PRM, CDC, etc.
- Collaborating with State Refugee Coordinator
- Assigning duties to RHP staff
- Participating in the Association of Refugee Health Coordinators Past Chair- 2016

F. Refugee Social Services (RSS) 45 CFR Part §400.140

1. OIRA assures the ORR that social services are provided as described under §400.154/§400.155. Services include employability services, English language instruction, vocational training, skills recertification, transportation, translation and interpretation services, case management services, assistance with obtaining Employment Authorization Documents, information and referral services, social adjustment services, emergency and health related services, home management, day care services, and citizenship and naturalization preparation services.

2. All social services are consistent with §400.154/§400.155. Contractors are also required to refer and help all eligible refugees to access other employability services in their community and to conduct outreach activities in the community.
 - a) Citizenship and naturalization preparation services and assistance with obtaining Employment Authorization Documents do not include the application fee to the United States Citizenship and Immigration Services (USCIS).

G. Cuban/Haitian Entrant Program (C/H) 45 CFR Part §401

OIRA will include Cuban and Haitian Entrants as one of the populations served in the refugee program consistent with 45 CFR Part §401 and State Letter #94-22.

H. Unaccompanied Refugee Children (URM) 45 CFR Part §400.5(e)

1. The State of Texas receives URM funding to operate programs in Houston and Fort Worth.
2. The Administrative Structure and State Oversight §400.117; §400.120; ORR Statement [1] III. Program Standards, Administration/Management
 - a) The Texas URM program operates as follows:
 1. HHSC has an interagency contract with the Texas Department of Family and Protective Services (DFPS) for administration of the URM Program. DFPS is the State agency responsible for foster care, licensing and child welfare services in the State. DFPS contracts with Catholic Charities Archdiocese of Galveston-Houston and Catholic Charities Diocese of Fort Worth to operate the URM program in Texas. Per the contract, both Catholic Charities of Houston and Fort Worth assume legal responsibility for the children assigned to their agency and must provide the full range of assistance, care, and services to which these children are entitled. DFPS monitors the contract to ensure services comply with federal regulations and consults with HHSC regarding any discrepancies.
 2. Placement and outcome reports such as ORR 3 and ORR 4 are to be submitted directly through the ORR website database every Friday by the two programs (Catholic Charities). State receives the notification of submission and will review and approve these reports within 5 business days. Upon State's approval, the system immediately submits the approved reports to ORR.
 3. Legal responsibility is established under the Texas Family Code (TFC): Texas Administrative Code Chapter 376, Subchapter 1 Rule 376.903 ensures URM's eligibility for the full range of assistance, care, and services to which all minors in foster care in the state are

entitled. This is in compliance with CFR 44, Section 400 Subpart H- Child Welfare Services.

4. On site DFPS contract monitoring reviews are conducted annually or more frequently, if deemed necessary. These monitoring reviews include a team consisting of the DFPS Contract Manager, the DFPS URM Program Specialist, the Contract Manager for the HHSC/DFPS contract, and the OIRA Program Specialist. The Texas URM Programs are also monitored annually by Residential Child Care Licensing (RCCL), a division of the Texas Department of Family and Protective Services. In addition, the state child welfare agency monitors activity of the URM provider through various other means including:
 - Monthly and trimester reports
 - Monthly scan calls with both programs
 - Quarterly visits to the program providing Technical Assistance as needed
 - Contractual reporting requirements
 - Annual contract/program monitoring
 - Monthly meetings with URM Program Provider officials and OIRA.

b) OIRA assures ORR the following:

1. The State assures program accountability for all aspects of the program, including fiscal and program reporting.
2. The State assures that URM service providers in Texas are licensed according to State requirements.
3. The State assures that, at a minimum, DFPS Program and Contract staff annually confers with URM provider agencies.

3. Legal Responsibility - §400.115(a) and ORR Statement, III. Program Standards, Legal Considerations

a) The State's legal responsibility is described below:

1. The private agencies initiate the process of establishing legal responsibilities within 30 days and assume legal responsibility, while adhering to the State's policies and timelines in the Texas Family Code, Title 5, Subtitle B, Chapter 153, Conservatorship, Possession, and Access in establishing conservatorship of youth in the URM program.
2. The private agencies (Catholic Charities), who contract with DFPS, assume legal authority for the URM. Family court

awards legal authority/conservatorship of the youth in the URM program to the private agencies.

3. The private agencies file an annual review for each URM case with the court.
4. After legal responsibility ends, youth can remain in foster care on a voluntary agreement until they turn 21 years old if they have a high school diploma or equivalent or 22 years old if they do not have a high school diploma or equivalent.

The 18+ age group represents a large portion of the youth in the URM Programs in Texas. DFPS is actively working on developing parity in the Extended Care Program for youth in this age group. Youth who meet eligibility requirements are available to access independent living skills classes, transitional living services and placements, and a supervised independent living program.

4. URM Program Eligibility

- a) The State assures service provision to all URM-eligible populations in accordance with §400.111; TVPA (2000), Sec. 107 (b) (1) (A); [2] TVPRA 2008, Sec. 235 (d) (4) (A); VAWRA 2013, Sec. 1263; [4] §400.113; §400.116; SL # 09-09; SL # 14-01[3]
- b) Aging Out and Voluntary Placement:
 1. After legal responsibility ends, youth can remain in foster care on a voluntary agreement until they turn 21 years old if they have a high school diploma or equivalent or 22 years old if they do not have a high school diploma or equivalent.
 2. Youth in the URM Program may "age out" at age 18 or continue in the URM Program on a voluntary basis until the age of 21 or 22, depending on educational needs.
- c) Termination and Return Placement:
 1. There are no triggers that would terminate eligibility from the URM program in the State other than death, imprisonment or emancipation without signing an Extended Voluntary Foster Care Agreement (EVFCA).
 2. Youth may remain or return to the URM Program beyond their 18th birthday, if they sign an Extended Voluntary Foster Care Agreement and meet the requirements by age and activity as listed below:

A youth must be...	and...	may remain eligible until...
18 - 21 years of age	<p>regularly attending high school or enrolled in a program leading to a high school diploma or a high school equivalency certificate (GED).</p> <p>A youth who just completed his or her high school diploma or GED and is accepted into a higher educational program, or other post-secondary vocational or technical program with regular terms, will remain eligible for extended foster care up to the month of the 22nd birthday provided the youth begins taking the required number of class hours as specified below.</p>	he or she completes or withdraws from the program or the end of the month in which the youth turns 22 years old, whichever comes first.
18 - 20 years of age	<ul style="list-style-type: none"> • regularly attending an institution of higher learning or postsecondary vocational or technical program (minimum six hours per semester); or • participating in a program or activity that promotes or removes barriers to employment; or • employed at least 80 hours a month; or 	<p>he or she completes or withdraws from the program or the end of the month in which the youth turns 21 years old, whichever comes first.</p> <p>Youth no longer engaged required activities will have a maximum of 30 days in which to begin participation in another educational or work related activity in order to remain continuously eligible for extended foster care.</p>
18 - 20 years of age	<p>incapable of performing the activities described above due to a documented medical condition</p> <p>Acceptable documentation of eligibility criteria may include either of the following:</p> <ul style="list-style-type: none"> • A statement from one or more medical doctors that documents the youth's medical condition, including the activities of daily living that the youth is incapable of doing as a result of that medical condition • Determination of a disability from the Social Security Administration 	he or she withdraws from the program or the end of the month in which the youth turns 21 years old (annual documentation required).

d) The chart above outlines independent living services or education benefits and the higher age that eligibility for such services and benefits end.

5. Services and Case Review/Planning - §400.115(c); §400.116(a); §400.118; SL # 09-09; ORR Statement, III. Program Standards, Legal Considerations and Programmatic

- a) The State assures that youth in the Texas URM program are eligible for the same range of child welfare benefits and services that are available to other children in the state per titles IV-B and IV-E of the Social Security Act.

Mainstream Child Protective Service foster care children that age out of care have access to:

- Federal Chafee benefits
- Education stipends at state universities
- Transitional Living Allowance
- Aftercare Room and Board and Case Management Assistance
- Extended Care and Supervised Independent Living

These services are being established as parity services utilizing URM dollars with the exception of education stipends to state universities. Education stipends are state funded benefits available to youth who age out of the Texas foster care system.

b) Case Review

1. The State assures youth in the URM program have a case review every six months, or sooner if deemed necessary, to review the continuing appropriateness of living arrangements and services.
2. Individual service plans are currently reviewed by child placement management staff and treatment teams. Currently service plans are reviewed every 90-180 days depending upon the service level of the client. Permanency plan reviews are scheduled annually. Texas URM programs have added the position of Permanency Specialist to their URM Program staff. This position is responsible for the Permanency Plan reviews.

The private agencies consider all permanency plan options when developing an appropriate permanency goal and adhere to the four permanency goals specified in The Texas Family Code §263.3026 listed below:

- Reunification;
- Adoption by a relative or other suitable individual;
- Permanent managing conservatorship to a relative or other suitable individual; or
- Another planned permanent living arrangement for the child.

c) The State assures that the following elements are addressed in case plans and reviewed during DFPS monitoring visits:

- Family Reunification
- Placement
- Health Screening and Treatment
- Mental Health Needs
- Social Adjustment
- Education/Training
- English Language Training
- Career Planning
- Preparation for Independent Living
- Preservation of Ethnic and Religious Heritage

d) Placement Options and Health Coverage:

1. Placement options include but are not limited to family foster homes, ethnically matched foster homes, transitional agency homes, agency homes, Residential Treatment Centers, and Supervised Independent Living.
2. Health coverage and payment is provided for URM through the State Medicaid programs up to the age of 19. Continued medical coverage is provided if the minor opts to remain in the program and is funded through the Office of Refugee Resettlement.

e) Young adults in the Texas URM Programs can apply for educational training vouchers (ETV) as applicable. Young adults in the Texas URM Programs who meet eligibility requirements are able to access independent living skills classes, Transitional Living Services and placements, and a Supervised Independent Living Program.

6. Interstate Movement - §400.119

a) The Texas URM Programs follow the Interstate Compact for the Placement of Children (ICPC) in parity with DFPS.

Section III. Approval

As specified by 400.8, the Governor of the State of Texas or his designee hereby approves the content of the plan:



Michelle Harper, Associate Commissioner

Exhibit 2

From: [Lyons,Caitriona \(HHSC\)](#)
To: [Colon, Ramon L \(ACF\)](#)
Subject: RE: Stakeholder Meeting Sept 12th
Date: Wednesday, August 20, 2014 4:37:17 PM

Ok- sounds good- there's a pretty good Thai place close to the meeting hall

From: Colon, Ramon L (ACF) [mailto:ramon.colon@acf.hhs.gov]
Sent: Wednesday, August 20, 2014 3:22 PM
To: Lyons,Caitriona (HHSC)
Subject: RE: Stakeholder Meeting Sept 12th

Hi Catriona,

This meeting sounds like it will be the perfect opportunity for ORR to meet numerous players in this area at one time. Thanks for working to have us included. Let me check on Eskinder availability. I believe he will want to meet with you separately but it would likely take place after the stakeholder meeting on the 12th. Eskinder and Ken will be meeting with HHS Regional staff on the morning of the 11th and with the rest of us ORR staff in the afternoon. I'll let you know once I hear back from him.

Ramon

From: Lyons,Caitriona (HHSC) [mailto:Caitriona.Lyons@hhsc.state.tx.us]
Sent: Wednesday, August 20, 2014 3:10 PM
To: Colon, Ramon L (ACF)
Subject: RE: Stakeholder Meeting Sept 12th

Hi Ramon,

I left a voicemail for you inquiring if I should plan on meeting with Eskinder following the meeting or if he wants to meet the day before. The quarterly consultation meeting will be held in Arlington (midway for our Dallas and Ft. Worth attendees) from 9:30am-12:30pm. I'll be making travel plans as soon as I find out if I should plan on meeting with Eskinder.

Representation from all of the refugee service providers in the DFW area will be in attendance and several other stakeholders including USCIS, ACF- childcare division, Social Security Admin, Red Cross, HHSC eligibility and community access programs, school districts, elected officials, community leaders, FBI, health and hospital programs and others are invited. It's a big group- not all will attend but we usually have between 40-50 attendees. Jessica Montour, Refugee health coordinator will also be with me and some of my staff

Caitriona

From: Colon, Ramon L (ACF) [mailto:ramon.colon@acf.hhs.gov]
Sent: Wednesday, August 20, 2014 10:33 AM
To: Lyons,Caitriona (HHSC)
Subject: Stakeholder Meeting Sept 12th

Good Morning Catriona,

Have you been able to firm up the details for your stakeholder meeting on September 12th? Can you provide me with the time and the location for the meeting? Also, can you let me know who has been invited to the meeting?

By the way, HHS Regional leadership is also interested in possibly attending the event which I think is great. I'll let you know if they do decide to participate.

Ramon L Colón

ORR Regional Representative
ACF Region VI
1301 Young St.
Room 934
Dallas, TX 75202
Office: (214)-767-2977
E-mail: ramon.colon@acf.hhs.gov

From: [Lyons,Caitriona \(HHSC\)](#)
To: [Colon, Ramon L \(ACF\)](#)
Subject: RE: Meeting Agenda
Date: Thursday, September 04, 2014 1:52:19 PM
Attachments: [Dallas agenda Sept. 2014.doc](#)

Ramon,
Please see attached
Caitriona

From: Colon, Ramon L (ACF) [mailto:ramon.colon@acf.hhs.gov]
Sent: Thursday, September 04, 2014 12:49 PM
To: Lyons,Caitriona (HHSC)
Subject: Meeting Agenda

Good Afternoon Caitriona,

Are you able to share with me yet the agenda for next Friday's stakeholder meeting? Thanks.

Ramon L Colón
ORR Regional Representative
ACF Region VI
1301 Young St.
Room 934
Dallas, TX 75202
Office: (214)-767-2977
E-mail: ramon.colon@acf.hhs.gov

**TEXAS HEALTH AND HUMAN SERVICES COMMISSION
COMMUNITY and ACCESS SERVICES
Office of Immigration and Refugee Affairs
Dallas/Ft. Worth Metroplex -Refugee Quarterly Consultation
September 12, 2014**

9:30 A.M. Welcome and Introductions

9:45 **Eskinder Negash- Director Office of Refugee Resettlement**

10:45 **Office of Immigration and Refugee Affairs and Refugee Health Screening Program**
Refugee Arrivals
State updates

11:00 Break

11:15 Community Partner Program- overview of Medicaid/CHIP renewal

11:30 **Refugee Agency Provider Reports- Group Consultation**
Challenges/Best Practices
Action Items
Stakeholder Outreach

Catholic Charities of Dallas
International Rescue Committee
Dallas/ Abilene
Refugee Services of North Texas
Dallas/ Ft. Worth
Catholic Charities of Ft. Worth
URM program
World Relief
Refugee Health Screening- Dallas and Ft. Worth
Center for Survivors of Torture
Mosaic Family Services
Vietnamese Mutual Assistance Alliance
Hmong American Planning and Development Center
School Impact Programs- Dallas, Ft. Worth,
Bhutanese Association
Social Security Administration
USCIS
Muslim Women's Foundation
Red Cross

12:30 Announcements/Adjourn

From: [Mitchel.Cynthia \(HHSC\)](#)
To: [Colon, Ramon L \(ACF\)](#)
Subject: FW: Revised OIRA Dallas Quarterly Meeting on Dec 16th, 9am -12pm. FW: December OIRA Quarterly Meeting Invitation
Date: Thursday, November 20, 2014 3:50:17 PM

Subject: Revised OIRA Dallas Quarterly Meeting on Dec 16th, 9am -12pm. FW: December OIRA Quarterly Meeting Invitation

Please note in the Table below that the Dallas Meeting time and place has been finalized.

Cynthia A. Mitchel, CTCM
Office of Immigration and Refugee Affairs
Texas Health and Human Services Commission
909 W. 45th St. MC 2010
Austin, TX 78751
Phone: 512-206-5054

November 18, 2014

You are cordially invited to attend the Consultation and Quarterly Refugee Resettlement Meeting sponsored by the Office of Immigration & Refugee Affairs (OIRA). Please see times and locations for your region below.

The first 1.5 hours will focus on discussion of issues related to resettlement and the service needs of new refugee arrivals. This is an opportunity for group discussions and information sharing to address capacity, challenges, best practices, action items and stakeholder outreach. To facilitate meaningful consultations and a record of the discussions, OIRA suggests that resettlement agencies take minutes on a rotation basis and send in your data reports and narratives **one week in advance** of the meeting to the attention of Cynthia Mitchel – Cynthia.Mitchel@HHSC.state.tx.us.

Following the above discussions, OIRA will conduct the Quarterly business meeting addressing state and national updates and reports from service providers. OIRA administers contracts for refugee social services statewide and these meetings help us obtain planning data and information related to local needs which might be addressed by contract services.

If you are unable to attend, please send a representative who can present resettlement information on behalf of your agency. If your agency will not be able to participate, please notify me as soon as possible at the email address listed below.

We appreciate your participation in these meetings and look forward to seeing you in December. If you should have any questions or need further assistance, please call Cynthia Mitchel at (512) 206-5054.

	Date and Time	Location	Directions
Houston	Tuesday December 9, 2014 11:00 am – 2:30 pm Brown Bag Lunch	YMCA 6300 Westpark Ste. 600 Houston, Texas 77057	Parking is limited. Call # 713.339.9015 for directions if needed.
San Antonio	Wednesday, December 10, 2014 1:00 pm - 4:00 pm	Catholic Charities Archdiocese of San Antonio 202 West French Place San Antonio, TX 78212	Parking is limited Call # 210.222.1294 For directions if needed.
Dallas/Fort Worth	Tuesday December 16 th , 2014 9:00 am – 12:00 pm	Arlington, TX 401 West Sanford, Conference Room A	Call # 817.289.2807 For Directions if Needed.

Sincerely,

Caitriona Lyons
State Refugee Program Coordinator
Office of Immigration & Refugee Affairs

Cynthia A. Mitchel, CTCM
Office of Immigration and Refugee Affairs
Texas Health and Human Services Commission
909 W. 45th St. MC 2010
Austin, TX 78751
Phone: 512-206-5054

From: [Lyons,Caitriona \(HHSC\)](#)
To: [Colon, Ramon L \(ACF\)](#); [Mitchel,Cynthia \(HHSC\)](#)
Cc: [Mitchel,Cynthia \(HHSC\)](#)
Subject: RE: ORR OD Visit Briefing Material Request
Date: Wednesday, May 27, 2015 2:18:44 PM
Attachments: [Houstonagenda June 2015.doc](#)
[2014 Bio.doc](#)

Hi Ramon,

Please see the attached agenda and my bio. The Quarterly meetings are in response to CFR section 400.5. The meetings are open to all of VolAgs and other contractors and several other stakeholders including the school district, refugee clinics, Social Security Office, USCIS, Community based programs, and other state and local officials and employers.

Caitriona

From: Colon, Ramon L (ACF) [mailto:ramon.colon@acf.hhs.gov]
Sent: Wednesday, May 27, 2015 10:15 AM
To: Lyons,Caitriona (HHSC); Mitchel,Cynthia (HHSC)
Subject: ORR OD Visit Briefing Material Request

Good Morning Caitriona and Cynthia,

In preparing for the OD's upcoming visit and attendance at next week's stakeholder meeting, I need a couple items from you to complete our briefing material being created in DC. Can you please send me the information I've listed below as soon as you are able? Thank you.

Ramon

Attachment 4: Consultation and Quarterly Refugee Resettlement Meeting Brief

- Participants expected at the stakeholder event Tuesday
- Agenda
- Background/Purpose of the meeting:
- Bio for Caitriona

Ramon L Colón

ORR Regional Representative
ACF Region VI
1301 Young St.
Room 934
Dallas, TX 75202
Office: (214)-767-2977
E-mail: ramon.colon@acf.hhs.gov

**TEXAS HEALTH AND HUMAN SERVICES COMMISSION
OFFICE OF FAMILY SERVICES, FAMILY AND COMMUNITY SERVICES
Office of Immigration and Refugee Affairs
Houston Refugee Quarterly Consultation**

June 2, 2015

11:00 Welcome/Introductions

Office of Immigration and Refugee Affairs
Refugee Arrivals
Legislative Session
 Consultation Process- SB 1928
Abstracts
OIRA Contract Planning 2015/2016
 RSS Consolidation
 RCA Administration and Cash Benefits
ORR Discretionary Grants
HHSC- Mental Health Initiatives
New OIRA Staffing- contract alignments

State Refugee Health Screening

11:45 **Resettlement Reports/ Refugee Agency Reports / Group Consultation**
Challenges/Best Practices
Action Items
Stakeholder Outreach

The Alliance Multicultural Community Services
YMCA International Services
 Trafficking Program
Interfaith Ministries
Refugee Services of Texas
Associated Catholic Charities
 URM program/DUCS
Harris County Health Department

12:45 **Break**

1:00 Houston Community College
Bilingual Education Institute
Houston Independent School District
ECHOES
USCIS

1:30 Introductions
 Bob Carey- Director of the Office of Refugee Resettlement

1:45 Group Discussion/Questions and Answers

2:30 Announcements/Adjourn

Caitriona Lyons has been serving as the Refugee Program Coordinator for the State of Texas since 1989. Prior to this, she worked in the non-profit sector including the direction of a refugee resettlement program in Austin for the United States Conference of Catholic Bishops (USCCB).

Caitriona has a master's in Human Services Administration from St. Edward's University and is a licensed social worker. She is a past President for the State Coordinator's of Refugee Resettlement association and has served on the executive board in many capacities. In June 2006, Caitriona was awarded Outstanding American by Choice by the US Citizenship and Immigration Services for her work with immigrants and refugees in Texas. Ms. Lyons served as the vice chair on the Board of the Institute for Social and Economic Development and is currently a board member of the Association of Refugee Service Professionals.

From: [Randall.Patrick \(HHSC\)](#)
To: [Colon, Ramon L \(ACF\)](#); [Alvarez-Mack,Cynthia \(HHSC\)](#)
Cc: [Hagos, Rezene \(ACF\) \(CTR\)](#); [Eaton,Marilyn \(HHSC\)](#)
Subject: RE: ORR Texas Monitoring - Monday Entrance Interview Location
Date: Wednesday, July 15, 2015 6:11:27 PM

Thank you Ramon. We look forward to meeting with you.

- Patrick

From: Colon, Ramon L (ACF) [mailto:ramon.colon@acf.hhs.gov]
Sent: Wednesday, July 15, 2015 9:37 AM
To: Randall,Patrick (HHSC); Alvarez-Mack,Cynthia (HHSC)
Cc: Hagos, Rezene (ACF) (CTR)
Subject: Monday Entrance Interview Location

Good Morning Patrick and Cynthia,

We have an entrance interview scheduled for Monday, July 20th from 2-4 PM but I had yet to set a location for the meeting. For the meeting, we can meet at my office in downtown Dallas. The address and room number to this location is below. You can give me a call at my office number below when you arrive on Monday and I can meet you to escort you into the building.

1301 Young St.
Room 934
Dallas, TX 75202
Office: (214)-767-2977

Ramon

From: [Randall,Patrick \(HHSC\)](#)
To: [Colon, Ramon L \(ACF\)](#)
Cc: [McNally-Cook,Kelly \(HHSC\)](#); [Alvarez-Mack,Cynthia \(HHSC\)](#)
Subject: FW: Continuation on RMA if Medicaid ends
Date: Tuesday, July 28, 2015 5:58:09 PM

Hi Ramon,

As promised during the RMA conference call today, please see the policy below regarding continuation of RMA if a refugee is initially placed on Medicaid and later terminated due to earned income. Policy states that the individual is eligible for RMA for the remainder of the 8 months. All RMA policy can be found online in the Texas Works handbook at: <http://www.dads.state.tx.us/handbooks/texasworks/R/200/200.htm#secR-210> (Thanks to Kelly McNally-Cook for pulling this information together).

R—1920 Length of Certification

Revision 12-1; Effective January 1, 2012

TIERS calculates an end date based on the application date and the individual's legal date of entry. The certification period for RMA cannot be more than eight months from the individual's legal date of entry.

There are no renewals for RMA.

Individuals are continuously eligible for RMA for up to eight months from the individual's legal date of entry.

Exception: An RMA recipient is not continuously eligible if:

- moves out of Texas,
- voluntarily withdraws,
- dies,
- is found eligible for another Medical Program higher in the hierarchy, or
- unable to locate.

When a refugee household is certified for a Medicaid program higher than RMA in the hierarchy and is terminated due to earned income **only**, eligibility shall be explored for other types of Medicaid. If the household is not eligible for any other type of Medicaid, the household must be certified for RMA for the remainder of the RMA eight months coverage. In these situations the household does not have to meet RMA income limits. TIERS will terminate an RMA EDG/case at the end of the RMA certification period.

Also, please see the policy below regarding determining Medicaid eligibility prior to placing a refugee on RMA. The Texas Works handbook states:

Part R — Section 200

Application Processing

R—210 Introduction

Revision 12-1; Effective January 1, 2012

Refugees must be determined ineligible for Medicaid and the Children's Health Insurance Program (CHIP) before they can be determined eligible for RMA. Document the reason for ineligibility.

TIERS was designed to cascade through all Medicaid programs first before placing a refugee on RMA.

Also -

You had a follow-up question concerning refugee clients seeking TANF in Texas. You said that you recalled many clients being disqualified from TANF due to income and asked if R&P funds were the primary reason for their disqualification. Our understanding is that this is the case – R&P and any other funds the client may have brought in to the U.S.

Please let us know if you need any additional information.

Thank you,

Patrick Randall, LMSW
Program Specialist
Office of Immigration and Refugee Affairs
Texas Health and Human Services Commission
909 W. 45th St. MC 2010
Austin, TX 78751
Phone: 512-206-5129

From: [Alvarez-Mack,Cynthia \(HHSC\)](#)
To: [Colon, Ramon L \(ACF\)](#)
Cc: [Eaton,Marilyn \(HHSC\)](#); [Randall,Patrick \(HHSC\)](#); [Hoang,Julienne \(HHSC\)](#)
Subject: FW: Update on Cuban Arrivals and Fund Request
Date: Thursday, August 13, 2015 8:21:49 AM
Attachments: [ORR-1 CMA Revised Budget Request 08 13 15.mht](#)
Importance: High

Ramon,

I was able to revise and submit through OLDC the ORR 1 with the new estimated total fiscal year expenditures for FY15, please see attached copy.

Please let me know if you have questions.

We are running very low on funds so if this could be expedited we would greatly appreciate it.

I did not have Anna Earles email address to copy her with the latest revision.

Thank you,

Cynthia

From: Alvarez-Mack,Cynthia (HHSC)
Sent: Thursday, August 13, 2015 6:49 AM
To: 'Colon, Ramon L (ACF)'
Cc: Randall,Patrick (HHSC); Hoang,Julienne (HHSC)
Subject: RE: Update on Cuban Arrivals and Fund Request
Importance: High

Good Morning Ramon,

I have been trying since Tuesday, 8/11/15 to get access to the OLDC and was finally able to get access yesterday. I was having trouble updating the ORR 1 with the revised numbers.

I will contact Anna today to see if she can provide some assistance revising it.

Thank you,

Cynthia Alvarez-Mack
Office of Immigration & Refugees Affairs
900 West 45th St. Bldg. 555
Austin, TX 78751
Mail code: 2010
Office # (512) 206-5137
Fax # (512) 206-5812
Email: Cynthia.Alvarez-Mack@hhsc.state.tx.us

From: Hoang,Julienne (HHSC)
Sent: Thursday, August 06, 2015 10:26 AM
To: Colon, Ramon L (ACF)
Cc: Alvarez-Mack,Cynthia (HHSC); Randall,Patrick (HHSC); McNally-Cook,Kelly (HHSC)
Subject: RE: Update on Cuban Arrivals and Fund Request

Ramon,

I spoke with Anna. She will wait until next week to get it uploaded in OLDC when Cynthia gets back.

Thanks.

Julienne T.T. Hoang
OIRA Program Specialist
Division of Community & Access Services
Office of Immigration and Refugee Affairs (OIRA)
Texas Health and Human Services Commission
Phone: 512-206-5127; Fax: 512-206-5812

From: Colon, Ramon L (ACF) [<mailto:ramon.colon@acf.hhs.gov>]
Sent: Thursday, August 06, 2015 8:48 AM
To: Randall,Patrick (HHSC); Mitchel,Cynthia (HHSC); Hoang,Julienne (HHSC); McNally-Cook,Kelly (HHSC)
Subject: FW: Update on Cuban Arrivals and Fund Request

Good Morning Julienne,

As you can see below, Budget informed me that you submitted a revised ORR-1 in OLDC today. It is currently certified, can you submit it as well within the system? Thanks.

Ramon

From: Earles, Anna (ACF) (CTR)
Sent: Thursday, August 06, 2015 8:34 AM
To: Colon, Ramon L (ACF)
Subject: RE: Update on Cuban Arrivals and Fund Request

Hi Ramon,

I can see that Texas has uploaded a revised ORR-1 for FY 2015; the report is currently “certified” but not submitted. Can you please let them know to submit the report? Again, if they have any problems they can call me directly at 202-401-4581. Thanks!

From: Colon, Ramon L (ACF)
Sent: Thursday, August 06, 2015 9:15 AM
To: Earles, Anna (ACF) (CTR)
Subject: RE: Update on Cuban Arrivals and Fund Request

Thanks.

From: Earles, Anna (ACF) (CTR)
Sent: Thursday, August 06, 2015 8:15 AM
To: Colon, Ramon L (ACF)
Subject: RE: Update on Cuban Arrivals and Fund Request

I have rejected Oklahoma's report as well.

Thanks,
Anna

Anna Earles
Data Analyst
Office of Refugee Resettlement (ORR)
Administration for Children and Families
U.S. Department of Health and Human Services
Aerospace Building
901 D Street SW
Washington DC 20447
Tel: 202-401-4581

From: Colon, Ramon L (ACF)
Sent: Thursday, August 06, 2015 9:13 AM
To: Earles, Anna (ACF) (CTR); Simmons, Joann (ACF)
Cc: Kramar, Iulia (ACF)
Subject: RE: Update on Cuban Arrivals and Fund Request

Thanks Anna.

From: Earles, Anna (ACF) (CTR)
Sent: Thursday, August 06, 2015 8:13 AM
To: Simmons, Joann (ACF); Colon, Ramon L (ACF)
Cc: Kramar, Iulia (ACF)
Subject: RE: Update on Cuban Arrivals and Fund Request

Joann, Ramon,

I rejected Texas's ORR-1 in OLDC for FY 2015. Ramon, please ask them to resubmit a revised ORR-1.
If they have technical issues they can contact me directly.

Thanks,
Anna

Anna Earles
Data Analyst
Office of Refugee Resettlement (ORR)
Administration for Children and Families
U.S. Department of Health and Human Services
Aerospace Building
901 D Street SW
Washington DC 20447

Tel: 202-401-4581

From: Simmons, Joann (ACF)
Sent: Thursday, August 06, 2015 8:17 AM
To: Earles, Anna (ACF) (CTR)
Cc: Kramar, Iulia (ACF)
Subject: FW: Update on Cuban Arrivals and Fund Request
Importance: High

Hi Anna, can you assist with the OLDC issue?

From: Colon, Ramon L (ACF)
Sent: Wednesday, August 05, 2015 5:58 PM
To: Tota, Kenneth (ACF); Simmons, Joann (ACF)
Cc: Rubenstein, Carl (ACF)
Subject: FW: Update on Cuban Arrivals and Fund Request
Importance: High

Hello Ken,

Per your request this morning, Texas has sent me their revised figures demonstrating what they will need for the rest of FY15 along with justification. The state will need someone in Budget to reopen OLDC/ORR-1 submission page so they can resubmit their revised request in the system. One complication for the state is that the person certified to use OLDC is currently on leave until next week. If we need the submission ASAP, maybe we can authorize someone else in the state to have access.

In the meantime, you can see below their estimated needs for the rest of FY15.

Ramon

From: Hoang,Julienne (HHSC) [<mailto:Julienne.Hoang@hhsc.state.tx.us>]
Sent: Wednesday, August 05, 2015 4:35 PM
To: Colon, Ramon L (ACF)
Cc: McNally-Cook,Kelly (HHSC); Randall,Patrick (HHSC); Alvarez-Mack,Cynthia (HHSC)
Subject: RE: Update on Cuban Arrivals and Fund Request
Importance: High

Ramon,

Attached is the Revised ORR-1 CMA Program Estimates for FY 15. We have made revisions based on the current arrival trends and actual RCA recipients. Current data indicates an average monthly enrollment of 4929 (up from the original estimate of 3,657) participants. Estimates of the number of currently enrolled RCA recipients that may cross over two federal fiscal years because their time eligibility will expire in the next federal fiscal year is 1676 (up from 1220). This is based on current arrivals and trend analysis. The average cost per month is \$318 per person. The current average

total monthly cash disbursement is \$1,567,422 but the most recent payment for June is up to \$1,666,516. Actual expenditures with the continued increase in Cuban border parolees and other secondary arrivals indicate that the average annual cash assistance cost is now at \$18,809,064, an increase of \$6,411,567 from the original cost projection submitted in the FY 15 ORR -1 during August last year.

In order for us to have enough funds to cover cash benefits for the next three months for FY 15, we anticipate that we will need \$6,411,567.

Please let me know if you have more questions. We will get the Cuban stats to you no later than the end of this week. Thanks for your patience Ramon.

Julienne T.T. Hoang
OIRA Program Specialist
Division of Community & Access Services
Office of Immigration and Refugee Affairs (OIRA)
Texas Health and Human Services Commission
Phone: 512-206-5127; Fax: 512-206-5812

From: Colon, Ramon L (ACF) <ramon.colon@acf.hhs.gov>
Sent: Wednesday, August 5, 2015 9:43:12 AM
To: Randall,Patrick (HHSC); McNally-Cook,Kelly (HHSC); Alvarez-Mack,Cynthia (HHSC)
Subject: Update on Cuban Arrivals and Fund Request

Good Morning All,

I received a request from ORR Budget office this morning about whether you can provide us updated Cuban parolee arrivals information. I believe that last numbers you sent us were for June. Can you provide us July figures?

Budget is also inquiring whether you will need additional FY15 funds. If so, your office will need to submit a revised ORR-1 immediately. They are currently allocating funds for CMA and your request may impact how these allocations are made. Let me know where you are at with both items soon as possible so that I may inform Budget how to proceed. Thanks.

Ramon L Colón
ORR Regional Representative
ACF Region VI
1301 Young St.
Room 934
Dallas, TX 75202
Office: (214)-767-2977
E-mail: ramon.colon@acf.hhs.gov

Department of Health and Human Services
Administration for Children and Families

OMB No. 0970-0030
Approval Expires: 10/31/2014

Refugee Resettlement Program Estimates: CMA
ORR-1 CASH AND MEDICAL ASSISTANCE PROGRAM ESTIMATES

Instructions:

Click on bolded headings for instructions.

Reporting Information

Grantee Name: Texas

Federal Fiscal Year: 2015

Estimates

Cash and Medical Assistance Program Components (Column A)	Estimated Average Monthly Unit Cost (Column B)	Estimated Average Monthly Recipients / Users (Column C)	Estimated Total Fiscal Year Expenditures (Column D)
1. Refugee Cash Assistance (RCA)			
a) RCA Recipient Costs	\$318	4,929	\$18,809,064
b) RCA Administration			\$2,900,000
c) Subtotal:			\$21,709,064
2. Refugee Medical Assistance (RMA)			
a) RMA Recipient Costs	\$863	924	\$9,568,944
b) RMA Administration			\$192,801
c) Medical Screening	\$1,172	1,005	\$14,134,320
d) Medical Screening Administration			\$902,906
e) Subtotal			\$24,798,971
3. Unaccompanied Refugee Minors (URM)			
a) Services for URM	\$2,894	121	\$4,202,088
b) URM Program Administration			\$2,024,986
c) Subtotal			\$6,227,074
4. Administration - Program Coordination and Planning			
5. Total Administration			\$1,624,560
6. Total Estimate			\$7,645,253
			\$54,359,669

Certification

Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance

Name and Title of Approving Official Cynthia Alvarez-Mack	Telephone Number: E-mail Address: cynthia.alvarez-mack@hhsc.state.tx.us
Signature of Approving Official 	Date Report Submitted: 08/13/2015

From: [Randall.Patrick \(HHSC\)](#)
To: [Rubenstein, Carl \(ACF\)](#)
Cc: [Peters, Sharnice \(ACF\) \(CTR\)](#); [Colon, Ramon L \(ACF\)](#)
Subject: FW: ORR State Letter # 15-09 and C/H Set Aside Table
Date: Friday, September 04, 2015 4:51:03 PM
Attachments: [C H Set Aside 12Aug2015.pdf](#)
[C H Set Aside table 12Aug2015.pdf](#)

Hello Mr. Rubenstein –

I'm writing on behalf of the refugee program at the Texas Health and Human Services Commission. We are very excited to see the funding for the Cuban-Haitian set-aside. We are very grateful. We have a question regarding allowable activities and services.

The State Letter says that states receiving funds for Cuban-Haitian arrivals will focus on the following four program categories:

- a) Employment services
- b) Health support
- c) Vocational services
- d) Naturalization

Is it correct to interpret this to mean that states are not required to focus on all four categories? May states instead focus on certain individual categories per assessed needs in the different affected communities within the state?

We look forward to working with this set-aside and to receiving this clarification. Thank you.

Patrick Randall, LMSW
Program Specialist
Office of Immigration and Refugee Affairs
Texas Health and Human Services Commission
512-206-5129

From: Peters, Sharnice (ACF) (CTR) [<mailto:Sharnice.Peters@acf.hhs.gov>]
Sent: Wednesday, August 12, 2015 3:46 PM
To: jkovarik@cssalaska.org; jcurran2@cssrrp.org; Dave.Mills@dhs.arkansas.gov; cisnw@sbcglobal.net; cshipman@azdes.gov; sysvanh.kabkeo@dss.ca.gov; rmoser@ccdsd.org; kit.taintor@state.co.us; carlene.taylor@ct.gov; debra.crawford@dc.gov; Shawntay.warren@dc.gov; Janneen.Boyce@state.de.us; Patti.Grogan@myflfamilies.com; Michael.Singleton@dhs.ga.gov; rona.m.suzuki@hawaii.gov; Jovanie.D.DelaCruz@hawaii.gov; JWILKEN@dhs.state.ia.us; jreeves@IdahoRefugees.org; Ngoan.Le@Illinois.gov; Matthew.Schomburg@fssa.IN.gov; Lewis.kimsey@DCF.KS.gov; bjordan@archlou.org; asperry@ccdiobr.org; mary.truong@state.ma.us; ann.flagg@maryland.gov; catherine.yomoah@maine.gov; horna@michigan.gov; rachele.king@state.mn.us; Steven.milburn@dss.mo.gov; Linda.Haus@dss.mo.gov; Lorraine.Hunter@mdhs.ms.gov; kquittenton@mt.gov; Marlene.Myers@dhhs.nc.gov; Ihellerud@lssnd.org; karen.parde@nebraska.gov; barbara.seebart@dhhs.state.nh.us; Annette.Riordan@dhs.state.nj.us; GKiyamova@cssalaska.org; Cpotter@cssrrp.org; Sharon.Parker@medicaid.alabama.gov; Leonard.Mukasa@arkansas.gov; Stella.Kiarie@azdhs.gov; Marisa.Ramos@cdph.ca.gov; carol.tumaylle@state.co.us; alison.stratton@ct.gov; Mulunesh.woldemariam@dc.gov; Janneen.Boyce@state.de.us;

Sue.Higgins@flhealth.gov; Brandi.Andrews@flhealth.gov; Monica.Vargas@dph.ga.gov; Jessica.Eagan@idph.iowa.gov; EliasC@dhw.idaho.gov; Jenny.aguirre@illinois.gov; JDandakoye@isdh.IN.gov; sburkholder@isdh.in.gov; ctreaster@kdheks.gov; apauly@archlou.org; eaedghill@fhlouisville.org; jim.scioneaux@la.gov; Jennifer.Cochran@MassMail.State.MA.US; dipti.shah@maryland.gov; arwoodd2@michigan.gov; blain.mamo@state.mn.us; david.oeser@dhss.mo.gov; patricia.williams@mdhs.ms.gov; gholzman@mt.gov; jennifer.morillo@dhhs.nc.gov; sdykshoorn@lssnd.org; kristin.gall@nebraska.gov; laura.mcglashan@dhhs.state.nh.us; christine.soliman@dhs.state.nj.us; Karen.Gonzales@state.nm.us; Cramirez@catholiccharities.com; Thomas.Keenan@dfa.state.ny.us; stephen.hughes@health.ny.gov; Sandra.Hollingsworth@jfs.ohio.gov; melanie.silva@okdhs.org; tasha.wheatt-delancy@multco.us; charlene.a.mcgee@multco.us; amisikir@state.pa.us; perry.gast@health.ri.gov; Kristin.rounds@state.sd.us; mevans@cctenn.org; Montour, Jessica (DHS); aself@utah.gov; Jill.grumbine@vdh.virginia.gov; Martha.Friedman@vermont.gov; Jasmine.matheson@doh.wa.gov; tserisj@dhfs.state.wi.us; Suzanne.R.Howard@wv.gov; Renee.Ingram@dhs.state.nj.us; Kresta.Opperman@state.nm.us; Cramirez@catholiccharities.com; Dorothy.Wheeler@otda.state.ny.us; jennifer.johnson@jfs.ohio.gov; melanie.silva@okdhs.org; Rhonda.prodzinski@state.or.us; Chafry@pa.gov; frederick.sneesby@dhs.ri.gov; Dorothy.Addison@dss.sc.gov; Tim.Jurgens@LssSD.org; Jolene.brakke@state.sd.us; HJohnson@cctenn.org; Randall, Patrick (IHSC); geraldbrown@utah.gov; kathy.cooper@dss.virginia.gov; brent.sutton@dss.virginia.gov; Denise.Lamoureux@vermont.gov; mthompson@uscrivt.org; sarah.peterson@dshs.wa.gov; janice.peters@wisconsin.gov; Suzanne.R.Howard@wv.gov

Cc: Tota, Kenneth (ACF); DRA (ACF); Simmons, Joann (ACF); Kramar, Iulia (ACF); Earles, Anna (ACF) (CTR); Lombard, Paul (ACF) (CTR); Kim, Curi (ACF); Park, Esther (ACF); Veeraraghavan, Mimi (ACF); Sualog, Jallyn (ACF); Brown, Anastasia (ACF); Bena, Anna Marie (HHS/OGC) (ACF)

Subject: ORR State Letter # 15-09 and C/H Set Aside Table

Dear Colleagues,

Please see the attached ORR State Letter# 15-09 and corresponding Cuban Haitian Set-Aside table as it relates to the FY16 Cuban Haitian Social Service Set-Aside.

Please direct any questions regarding this State Letter to DRA Director, Carl Rubenstein.

Respectfully,

Sharnice Peters
Program/Data Analyst
Office of Refugee Resettlement
Office: 202.401.4046
Email: Sharnice.Peters@acf.hhs.gov



ORR State Letter # 15-09

Date: August 04, 2015

To: State Refugee Coordinators
State Refugee Health Coordinators
National Voluntary Agencies
Other Interested Parties

From: Robert Carey 
Director
Office of Refugee Resettlement

Subject: FY 2016 – Cuban Haitian Social Services Set-Aside

Based on discussions with Refugee State Coordinators and the Administration for Children and Families Division of Grants Policy it was determined that a discretionary grant award was not an efficient and effective mechanism of allocating funds to State programs given that ORR's primary goal is to ensure funding follows incoming arrivals irrespective of panel scoring.

ORR received approval to issue awards through the more efficient formula grant process. This change will reduce the administrative burden to States as well as ensure a more proportional distribution of funding.

The ORR formula allocation will use Cuban and Haitian arrivals for the previous two fiscal years as a qualifying basis for the set-aside. The initial award allocation will also be based on that period so that States can maintain services as we transition from a discretionary to formula award process. All states with total arrivals in FY2013 and FY2014 in excess of 350 Cuban and Haitian arrivals will qualify for this funding. See attached table.

Funding will be included in the FY2016 quarterly Social Services allocation.

States must report on all activities as part of their ORR-6 submission, including a summary in the narrative section of the report. The summary should include information related to the number of clients served as well as the type and frequency of services provided.

Services to refugees must be provided in accordance with 45 C.F.R. Part 400 Subpart I Refugee Social Services, §400.154 Employability Services and §400.155 Other Services. States receiving funds for Cuban Haitian entrants shall direct funding towards individuals most in need of

additional support, including, but not limited to the newly arrived, individuals without family or voluntary agency support or the long-term unemployed and unintegrated who are unable to access adequate services through mainstream assistance.

States receiving funds for Cuban and Haitian arrivals will focus on the following four program categories:

- a) **Employment services;**
- b) **Health Support** - Working with hospitals, and other health programs such as mental health, to support this population;
- c) **Vocational Services** - Creating opportunities through adult and vocational education services;
- d) **Naturalization** - Provide citizenship and naturalization preparation services.

Given the increase in recent Cuban and Haitian refugees and entrants, services should focus on the most recent arrivals. Allowable services and activities include:

- Assessment, pre-employment counseling, job development and placement services;
- Services aimed at placing two or more family members in jobs in order to achieve self-sufficiency;
- Supportive services, such as transportation and transitional child care to help Cuban or Haitian refugees and entrants maintain employment or participate in employment services;
- Adult education and vocational education programs, including vocational English language training, literacy training, short-term skills training, and career counseling, recertification, degree programs provided to Cuban and Haitian entrants and refugees who would not be served through regular high school programs;
- Mental health and medical services for Cuban and Haitian refugees and entrants who are not covered by existing local, State, or Federal programs;
- Citizenship and naturalization services to help naturalize Cuban or Haitian refugees and entrants. Allowable activities include outreach, provision of enhanced English language training, civics instruction, and counseling and application assistance including interpretation and translation. Application fees for citizenship examinations are not allowable using the set aside funds.

As part of the Social Services grant, ORR will be enhancing monitoring to ensure the program is targeting services to best meet the needs of incoming Cuban and Haitian arrivals. ORR will be assessing the provision of these services and identifying best practices as a basis for future formula funding determinations and set-aside activities.

Please direct any questions on this State Letter to Carl Rubenstein, DRA Director.

FY2016 Cuban Haitian Social Services Set - Aside Table		
State Name	Total FY2013-FY2014 arrivals	Total FY2016 Funding*
Florida	55,883	\$15,121,793
Texas	4,984	\$1,348,657
Nevada	1,942	\$525,500
Kentucky	1,756	\$475,169
New Jersey	712	\$192,665
Arizona	711	\$192,395
New York	615	\$166,417
Pennsylvania	456	\$123,392
California	452	\$122,310
North Carolina	386	\$104,451
Oregon	352	\$95,250
Total	68,249	18,468,000

**FY2016 funding actions are subject to availability of funding and Congressional action*

From: [Randall.Patrick \(HHSC\)](#)
To: [Colon, Ramon L \(ACF\)](#)
Subject: RE: Information about planned anti-Muslim protests
Date: Tuesday, October 06, 2015 1:27:06 PM
Attachments: [image001.png](#)

Will do. Thank you. I just sent you an editorial from a US Rep in Texas regarding a proposed review of the US refugee program.

From: Colon, Ramon L (ACF) [mailto:ramon.colon@acf.hhs.gov]
Sent: Tuesday, October 06, 2015 11:35 AM
To: Randall,Patrick (HHSC)
Subject: RE: Information about planned anti-Muslim protests

I would appreciate it if you would forward me things such as this just so I'm not caught unaware. I wouldn't have known this possible event might take place without you informing me. Thanks.

Ramon

From: Randall,Patrick (HHSC) [<mailto:Patrick.Randall@hhsc.state.tx.us>]
Sent: Tuesday, October 06, 2015 11:04 AM
To: Colon, Ramon L (ACF)
Subject: RE: Information about planned anti-Muslim protests

Any time. I'll let you know if I hear of anything else. Do you want me to forward things like this to you? What about news articles (positive or not)?

From: Colon, Ramon L (ACF) [<mailto:ramon.colon@acf.hhs.gov>]
Sent: Monday, October 05, 2015 4:38 PM
To: Randall,Patrick (HHSC)
Subject: Re: Information about planned anti-Muslim protests

Thank you for this Patrick. I was unaware that this was taking place.

From: Randall,Patrick (HHSC) <Patrick.Randall@hhsc.state.tx.us>
Sent: Monday, October 5, 2015 4:35:29 PM
To: Colon, Ramon L (ACF)
Cc: Alvarez-Mack,Cynthia (HHSC)
Subject: FW: Information about planned anti-Muslim protests

Hi Ramon - I wanted to make sure you had this. It was discussed during SCORR call.

- Patrick

From: Randall,Patrick (HHSC)
Sent: Monday, October 05, 2015 2:00 PM
To: Eaton,Marilyn (HHSC); Harper,Michelle (HHSC)
Cc: Alvarez-Mack,Cynthia (HHSC)
Subject: FW: Information about planned anti-Muslim protests
Importance: High

Hello Marilyn and Michelle -

I mentioned Friday that one of our contracted resettlement agencies heard about planned anti-Muslim protests. A second contractor sent some information in writing that they received from their national. The link is in their email below. The link is to another entity's website. I have not seen anything else and I cannot vouch for the information. As such, do you want me to forward to HHSC media or wait for more concrete information?

We have not received anything from ORR, but I will let ORR know that this information is making its way around.

According to the website, "on Oct. 9 and 10, a group of loosely connected protesters plan to host anti-Muslim demonstrations in front of at least 20 mosques, community centers and government offices." The site has a map purporting to indicate where known, planned events will occur. It indicates Amarillo, Corpus Christi and Dallas as protest cities.

- Patrick

From: Adelita Winchester [<mailto:austin@caritasofaustin.org>]
Sent: Monday, October 05, 2015 10:17 AM
To: Randall,Patrick (HHSC)
Subject: FW: Information about planned anti-Muslim protests
Importance: High

Good morning, Patrick

I am forwarding this to you. I don't know if your team has this information. I also shared it with RST.

Adelita S. Winchester | Director, Integrated Services Dept.
Caritas of Austin
Direct: 512.646.1250
611 Neches Street | PO Box 1947, Austin TX 78767
www.caritasofaustin.org

Follow Caritas of Austin on [Facebook](#) and [Twitter](#)

From: Claire Lewandowski [<mailto:CLewandowski@usccb.org>]
Sent: Monday, October 05, 2015 8:51 AM
Cc: Richard Hogan; Elizabeth Harshaw
Subject: Information about planned anti-Muslim protests

Dear Colleagues:

USCCB/MRS has become aware of planned anti-Muslim protests scheduled to take place in communities around the country on October 9 and October 10, 2015. Hopefully, these protests will not amount to anything, but we want you to be aware and to be sure that new arrivals are informed about civic engagement, civil disobedience and protesting, in addition to be advised how they can appropriately (peacefully) respond (avoid).

For more information, visit this website: <http://imagine2050.newcomm.org/2015/09/29/anti-muslim-protests-some-armed-planned-for-at-least-20-sites-across-the-country/>

Please contact Dick Hogan or Elizabeth Harshaw if you have any concerns in your local area.

Thank you,

USCCB/MRS/Diocesan Development and Support

From: [Randall.Patrick \(HHSC\)](#)
To: [Colon, Ramon L \(ACF\)](#)
Subject: RE: Staff Announcement
Date: Monday, October 19, 2015 6:05:00 PM

Thank you very much, Ramon. I look forward to our continued work together! - Patrick

From: Colon, Ramon L (ACF) [mailto:ramon.colon@acf.hhs.gov]
Sent: Monday, October 19, 2015 4:33 PM
To: Randall,Patrick (HHSC)
Subject: Fw: Staff Announcement

Congrats Patrick!

From: Eaton,Marilyn (HHSC) <Marilyn.Eaton@hhsc.state.tx.us>
Sent: Monday, October 19, 2015 4:31:13 PM
To: DayBJ@state.gov; Colon, Ramon L (ACF); Carey, Bob (ACF); Rubenstein, Carl (ACF); Simmons, Joann (ACF); rhogan@usccb.org; jennifer.sime@rescue.org; limon@uscridc.org; aaron.gershowitz@hias.org; ekekic@churchworldservice.org; dstein@episcopalchurch.org; tteferra@ecdcinternational.org; worldrelief@wr.org
Cc: Randall,Patrick (HHSC)
Subject: Staff Announcement

Hello:

Effective October 5, 2015, Patrick Randall has been named the manager of the Office of Immigration and Refugee Affairs for the Texas Health and Human Services Commission (HHSC). Patrick Randall is the primary contact for the refugee program in Texas and can be reached at Patrick.Randall@hhsc.state.tx.us or 512-206-5129. In addition, as Director of the Community and Access Services (CAS) division, you may contact me at marilyn.eaton@hhsc.state.tx.us or 512-206-5187.

Thank You,

Marilyn Eaton

From: [Randall.Patrick \(HHSC\)](#)
To: [Colon, Ramon L \(ACF\)](#)
Cc: [Montour, Jessica \(DHS\)](#)
Subject: RE: Approved Refugee Placements FY 2016
Date: Friday, November 20, 2015 1:23:00 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.jpg](#)
[Final DSHS FY16 TX Refugee Medical Screening ORR-1 \(2\) 06 30 15.docx](#)

Hi Ramon - I wanted to also note that our ORR 1 used an estimate of 16,596 individuals to be served under our programs in FY 2016. That projection includes all populations, of course, including Cuban parolees, etc. Service providers reported serving 6,058 Cubans in FY 2015, by the way. That trend seems to be likely to continue. If at least the same amount of Cubans are served and all scheduled refugee arrivals that would be 14,747. The number will be higher re the proposed increases after the Presidential Determination, and typical secondary migration, SIVs, etc., and is likely to exceed 16,596.

- Patrick

From: Colon, Ramon L (ACF) [mailto:ramon.colon@acf.hhs.gov]
Sent: Friday, November 20, 2015 11:19 AM
To: Randall,Patrick (HHSC)
Subject: Re: Approved Refugee Placements FY 2016

Thanks Patrick. I will forward this to ORR.

Ramon

From: Randall,Patrick (HHSC) <Patrick.Randall@hhsc.state.tx.us>
Sent: Friday, November 20, 2015 9:50:44 AM
To: Colon, Ramon L (ACF)
Cc: Alvarez-Mack,Cynthia (HHSC)
Subject: FW: Approved Refugee Placements FY 2016

Hello Ramon - Please see the attached resettlement approval letter from PRM. The figure of 8,747 pertains to the original numbers proposed prior to the increase in the Presidential Determination. The local resettlement agencies recently consulted with our office regarding proposed increases to the figures for the year. HHSC did not give comments indicating concurrence or lack thereof for the proposed increased numbers. We have not heard anything from the resettlement agencies since then regarding any word from their nationals on what their intentions are regarding increases. Since then there has also been the developments at the State level regarding Syrian refugee resettlement. We do not have any information at this time from the resettlement agencies regarding how that will impact the proposed arrival numbers for FY 2016. Please let me know if this is the information you need from us at this time. Also feel free to call me at 512-206-5129 or 512-796-1990 if you need to discuss. Thank you Ramon.

- Patrick

From: Cumming, Anna [<mailto:CummingA@state.gov>]
Sent: Tuesday, November 10, 2015 1:31 PM
To: Randall,Patrick (HHSC)
Cc: Day, Barbara J; Berdinner, Kiera
Subject: Approved Refugee Placements FY 2016

Dear Mr. Randall,

Please see the attached letter from Lawrence Bartlett regarding the approved refugee placement numbers for Texas for FY 2016.

Best,
Anna

Anna Cumming
Intern for Domestic Resettlement, Refugee Admissions • Bureau of Population, Refugees, and Migration • U.S. Department of State
2025 E Street NW, Washington, DC 20520 | phone: 202.453.9254 | email: CummingA@state.gov
Stay Connected with PRM



This email is UNCLASSIFIED.

Refugee Medical Screening

**Total Budget: \$23,319,492
(Direct Costs \$21,875,313, Administrative Costs \$1,444,179)**

(c) Medical Screening Recipients

The Office of Immigration and Refugee Affairs (OIRA) has an Interagency Contract Agreement with the Texas Department of State Health Services (TX DSHS) Refugee Health Program (RHP) to provide refugee medical health assessments for refugees and other program-eligible populations in Texas. OIRA will be entering into an Inter-Agency Contract (IAC) with DSHS for a budget total of \$23,319,492. A copy of the IAC is included as an attachment. The projected number of arrivals in federal fiscal year 2015-2016 is 16,596. Applying the most current screening rate (90% with completed health assessments) gives an estimated 14,936 assessments to be performed during the upcoming federal fiscal year. The total unit cost of a health assessment in Texas (based on direct costs) is \$1,464. The following outlines the requested components of the FY16 budget estimate:

Medical Screening Direct Costs

The majority of funds will support contractual services at the seven local health departments (LHDs), as well as state laboratory services and medications. A breakdown of costs is as follows: \$4,198,042 for personnel, \$1,838,076 for fringe, \$38,665 for in-state and local travel, \$1,003,431 for equipment (move costs and furnishings), \$4,008,196 for supplies (medical supplies, general supplies, and vaccines), \$2,715,659 for contractual services (lab services, physician time, interpreting costs), \$963,104 for other costs (postage, printing, transportation), and \$725,140 in indirect costs.

Category	Contracted Clinic Cost
Personnel	\$4,198,042
Fringe	\$1,838,076
Travel	\$38,665
Equipment	\$1,003,431
Supplies	\$4,008,196
Contractual	\$2,715,659
Other	\$963,104
Indirect	\$725,140
Total	\$15,490,313

A breakdown of estimated RMA direct costs of health assessments in federal fiscal year 2015-2016 also includes \$250,000 for state laboratory costs for refugee health assessment activities and \$6,125,000 for medications. Laboratory costs are for Ova and Parasite (O&P) and schistosomiasis testing. Medication costs are for limited treatments provided to program-eligible clients (mainly vitamins and anti-parasitics). In FY16, the two largest local RHPs will begin

presumptively treating for parasites. These clinics, located within Dallas County Health and Human Services and Harris County Public Health and Environmental Services, account for 60% of the client population in the state. Despite an increase in overseas presumptive treatment, domestic medication costs remain high due to the fact that the anti-helminth albendazole has increased from \$2.00 per tablet (in 2008) to the current price of \$102.00 per tablet. Additionally, the state of Texas is serving an increasing number of clients who have received no overseas care, including presumptive treatment.

Funding is also used for services in two secondary migration sites where there is no local refugee health clinic. These sites are the City of Midland (a contracted health department) and DSHS Health Services Region 1 (serving the areas of Cactus and Dumas, Texas). The combined funding for this purpose is \$39,646 for adult vaccines. In order to apply for Legal Permanent Residency, refugees are required to obtain a current set of vaccinations. Vaccines are also provided by contracted local public health departments to refugees for Adjustment of Status purposes (within one year of arrival).

Category	DSHS Cost
Laboratory	\$250,000
Pharmacy	\$6,125,000
Health Services Region 1 Vaccines	\$10,000
Total	\$6,385,000

Total Direct Costs: \$21,875,313

The clinics provide the following services: physical exams, vaccinations, laboratory services, limited treatment, interpreter services, health education, referrals, case management through initial referral appointment, outreach, and transportation services. The state screening protocol contains all aspects of the Office of Refugee Resettlement's Medical Screening Guidelines. These requirements will be fully implemented in FY16 and account for a portion of the increase in the funding request. A Statement of Work for local refugee health programs is included as an attachment. Several clinics are planning to obtain new space in FY16 in order to accommodate increasingly large client populations and to ensure that patients are seen in a safe and timely manner. Additionally staffing is also being proposed for several of the clinics with high patient populations. Although funding was provided for moving costs and additional personnel in FY15, many clinics had to delay such plans in order to have sufficient funding to serve unanticipated populations (primarily Cuban border crossers).

Local health department-based refugee health programs bill Medicaid when accessible. Two LHDs have recently begun to attempt to bill the majority of screening components to Medicaid, including office visits, vaccines and vaccine administration, and laboratory tests. One LHD is billing for laboratory tests and is beginning to explore other billing possibilities. Three other LHDs are not presently billing Medicaid, though they are taking steps in that direction (such as working towards the utilization of electronic medical records or creating a billing structure). Challenges for billing include delays in Medicaid applications, back-billing capabilities, billing infrastructure, etc.

At the state level, the Texas DSHS RHP accesses Medicaid where possible and practical. The DSHS state laboratory services section runs RHP submissions against a Medicaid list. The state program continues to work with the state laboratory and local RHPs to ensure Medicaid eligibility documentation on laboratory specimen submission slips. Although most local RHPs do not fully access Medicaid, a number of services are provided by existing state programs after the initial assessments. The DSHS Tuberculosis Program is currently absorbing all costs of tuberculosis screenings within the RHP.

It should be noted that Medicaid in the state of Texas serves primarily low income families, children, related caretakers of dependent children, pregnant women, elderly, and people with disabilities. In general, state Medicaid policy does not include any coverage for individuals ages 18 to 44. Therefore, this segment of the refugee population in Texas does not meet the eligibility criteria for state Medicaid. Medicaid expansion under the Affordable Care Act has not taken place in Texas. RMA provides the needed assistance during the first eight months of arrival and ensures necessary screening for public health concerns and the well-being of clients as they transition into residents of the United States.

The average length of time from refugee arrival to health screening is 44 days. Caseload anticipated to roll over from the previous fiscal year is approximately 4,900.

(d) Medical Screening Administration

Medical Screening Administrative Costs

Refugee Medical Assistance (RMA) funds support personnel costs in the amount of \$218,224 to cover salaries (including merits) and \$73,934 in fringe for the refugee health coordinator, data clerk, business analyst, community liaison, and also a pharmacy branch employee (as required by the TB/HIV/STD Unit). RMA funds are also used for in-state program monitoring, technical assistance visits, travel to quarterly meetings, and attendance at conferences. The amount of funding for these purposes is \$26,504. \$500 is used for general office supplies. Under the category "Other", \$240 is used for postage \$30,000 is used for printing of educational materials and demographic reports, \$5,000 is used for document translations, and \$35,428 is used (as per agency requirements) for the Office of the General Council and the Contract Management Unit. \$22,643 will be used for a temporary data entry operator to meet increasing data entry needs, \$1,289 is used for the State Office of Risk Management and \$1,832 is used for a copier lease.

Category	Contracted Clinic Cost
Personnel	\$218,224
Fringe	\$73,934
Travel	\$26,504
Office Supplies	\$500
Postage	\$240
Printing	\$30,000
Translations	\$5,000
General Council and Contract Management Unit	\$35,428

Temporary Data Entry Operator	\$22,643
State Office of Risk Management	\$1,289
Copier Lease	\$1,832
Indirect Charges	\$1,028,585
Total	\$1,444,179

Total Administrative Costs: \$1,444,179

Attachments:

- FY16 Inter-Agency Agreement between Texas Health and Human Services and the Texas Department of State Health Services.
- FY16 Budget Summary sheets for local health department refugee health programs.
- FY16 Contractual Statement of Work for local health department refugee health programs by the Texas Department of State Health Services.